

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002763

1. Entity Name

Resort Village Authority, Inc.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90084 050 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3110 Capital Circle, NE

3. Mailing Address

3110 Capital Circle, NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3379332

Applied For

Not Applicable

Zip

Country

32308

Zip

Country

32308

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Ben Johnson

1234 Timberlane Road

Tallahassee, FL 32312

Name

Phipps Ventures, Inc.

Street Address (P.O. Box Number is Not Acceptable)

3110 Capital Circle, NE

City

Tallahassee

FL

Zip Code

32308

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Phipps Ventures, Inc.

SIGNATURE

By: *David E. Wilder*

David E. Wilder, VP

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis O. Boyle
STREET ADDRESS	3110 Capital Circle, NE
CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	V/S/T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David E. Wilder
STREET ADDRESS	3110 Capital Circle, NE
CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William H. Lane
STREET ADDRESS	3110 Capital Circle, NE
CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID E. WILDER

850-386-2332

CR2E034 (9/99)