FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90675 001 *2,850.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55029832

DOCUMENT # P00000051290

1. Entity Name
SUN GATE RESORT VILLAS, INC.

Principal Place of Business	Mailing Address
5260 W. IRLO BRONSON HWY. #118 KISSIMMEE, FL 34748	5260 W. IRLO BRONSON HWY. #118 KISSIMMEE, FL 34748

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2247 PALM BEACH LAKES BLVD	2247 PALM BEACH LAKES BLVD
Suite, Apt. #, etc. 204	Suite, Apt. #, etc. 204
City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL
Zip 33409 Country USA	Zip 33409 Country USA

4. FEI Number 59-3647252 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WRIGHT, MALCOLM J
2701 SPIVEY LANE
ORLANDO, FL 32837

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] TREASURER 4-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MACKEY, WALTER 5260 W IRLO BRONSON HWY #118 KISSIMMEE, FL 34746	☐ Delete	2247 PALM BEACH LAKES BLVD #204 WEST PALM BEACH, FL 33409	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD WRIGHT, MALCOLM J 5260 W IRLO BRONSON HWY #118 KISSIMMEE, FL 34746	☐ Delete	2701 SPIVEY LANE ORLANDO, FL 32837	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MALCOLM J WRIGHT 4-21-03 407-421-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #