# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 03, 2001 8:00 am**
**Secretary of State**
05-03-2001 91120 017 ***150.00

DOCUMENT #

1. Entity Name
TIMESHARES BY OWNER OF ORLAND, INC. P00000063316

(Old Address)

Principal Place of Business
2569 Woodgate Blvd - Ste 5-201
Orlando, Fl 32822

Mailing Address
Same

2. Principal Place of Business
1456 Semoran Blvd
Suite, Apt. #, etc.

3. Mailing Address
P.O.Box 720175
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Casselberry,Florida
Zip 32707 Country Seminole

City & State
Orlando, Florida
Zip 32872-0175 Country Orange

4. FEI Number
59-3662166
☐ Applied For
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

(Old Agent & Address)
Jeffrey Frantz
11900 Biscayne Blvd Ste 408
North Miami, Fl 33181

**7. Name and Address of New Registered Agent**

Name
Michael D. Skidd

Street Address (P.O. Box Number is Not Acceptable)
1456 Semoran Blvd

City
Casselberry
FL
Zip Code
32707

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.

SIGNATURE Michael D. Skidd 4-20-21
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, 2001 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**

| | |
|---|---|
| TITLE | PTSD ☐ Delete |
| NAME | Michael D. Skidd |
| STREET ADDRESS | 1456 Semoran Blvd |
| CITY-ST-ZIP | Casselberry, Fl 32707 |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| | |
|---|---|
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| TITLE | ☐ Change ☐ Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

CR2E034 (11/00)

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:** Michael D. Skidd, Pres. 4-20-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #