

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90184 038 \*\*\*158.75

**DOCUMENT # P00000078437**

1. Entity Name  
**STAR ISLAND REALTY, INC.**

Principal Place of Business  
**5000 AVE OF THE STARS  
 KISSIMMEE FL 34746**

Mailing Address  
**2800 N POINCIANA BLVD  
 KISSIMMEE FL 34746**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3667345**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

**KAPLUS, ROBERT  
 2800 N POINCIANA BLVD  
 KISSIMMEE FL 34746**

## 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.

SIGNATURE

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, 2002 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 **PSD** ☐ Delete  
 NAME **MEYERS, HILLEL**  
 STREET ADDRESS **4875 ONE TREE DRIVE**  
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **VP** ☐ Delete  
 NAME **LEVENTHAL, RON**  
 STREET ADDRESS **8762 LAKE TIBET COURT**  
 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **T** ☒ Delete  
 NAME **FAZIO, CHUCK**  
 STREET ADDRESS **1920 WOOD CREST DRIVE, #13**  
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 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

TITLE ☐ Change ☒ Addition  
 NAME **T**  
 STREET ADDRESS **ORLANDO INTERVAL SALES-ART SUSSER**  
 CITY-ST-ZIP **7213 GREENVILLE COURT  
 ORLANDO, FL 32819**

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

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

TITLE ☐ Change ☐ 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 #

CR2E034 (9/01)