

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90070 003 ***150.00

DOCUMENT # P00000104523

1. Entity Name
MARCO ISLAND CENTRAL RESERVATIONS, INC.

Principal Place of Business
3757 NORTH TAMiami TRAIL
NAPLES FL 34103

Mailing Address
3757 NORTH TAMiami TRAIL
NAPLES FL 34103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
c/o ResortQuest International, Inc.
 Suite, Apt. #, etc.
530 Oak Court Dr., Suite 360
City & State
Memphis, TN
Zip
38117

Country
USA

4. FEI Number **NOT APPLICABLE**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BEVINS, DONALD C
3757 NORTH TAMiami TRAIL
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City **Plantation** **FL** **Zip Code** **33324**

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]* **Ast. VP** **4/13/02**
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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEVINS, DONALD C 3757 N TAMiami TRAIL NAPLES FL 34103 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STARR, CHARLES L 4030 GULF OF MEXICO DR LONGBOAT KEY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, DAVID 530 OAK COURT DR STE 360 MEMPHIS TN 38117 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Allan Williams 13831 Vector Avenue, Suite 105 Fort Myers, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Gen Coun/Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition M. Ronald Halpern 530 Oak Court Dr., Suite 360 Memphis, TN 38117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David Selberg 530 Oak Court Dr., Suite 360 Memphis, TN 38117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Karen M. Ray 530 Oak Court Dr., Suite 360 Memphis, TN 38117

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: *Karen M. Ray, Assistant Secretary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 **901-762-4079**
Date **Daytime Phone #**

CR2E034 (9/01)