

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-09-2002 90070 005 \*\*\*150.00

**DOCUMENT # P00000104528**

1. Entity Name

**NAPLES AND MARCO ISLAND CENTRAL RESERVATIONS, IN**

**C.**

Principal Place of Business

**3757 NORTH TAMiami TRAIL  
 NAPLES FL 34103**

Mailing Address

**3757 NORTH TAMiami TRAIL  
 NAPLES FL 34103**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

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

**Ast. VP.**  
 (NOTE: Registered Agent signature required when reinstating)

DATE

**4/12/02**

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 **DP** ☒ Delete  
 NAME **BEVINS, DONALD C**  
 STREET ADDRESS **3757 N TAMiami TRAIL**  
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **DV** ☐ Delete  
 NAME **STARR, CHARLES L**  
 STREET ADDRESS **4030 GULF OF MEXICO DRIVE**  
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **D** ☐ Delete  
 NAME **LEVINE, DAVID**  
 STREET ADDRESS **530 OAK COURT DRIVE SUITE 360**  
 CITY-ST-ZIP **MEMPHIS TN 38117**

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 **P** ☐ Change ☒ Addition  
 NAME **Allan Williams**  
 STREET ADDRESS **13831 Vector Avenue, Suite 105**  
 CITY-ST-ZIP **Fort Myers, FL 33907**

TITLE **VP** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **Longboat Key, FL 34228**  
 CITY-ST-ZIP

TITLE **D/CEO** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP/Gen Coun/Sec** ☐ Change ☒ Addition  
 NAME **M. Ronald Halpern**  
 STREET ADDRESS **530 Oak Court Dr., Suite 360**  
 CITY-ST-ZIP **Memphis, TN 38117**

TITLE **VP/Treas.** ☐ Change ☒ Addition  
 NAME **David Selberg**  
 STREET ADDRESS **530 Oak Court Dr., Suite 360**  
 CITY-ST-ZIP **Memphis, TN 38117**

TITLE **AS** ☐ Change ☒ Addition  
 NAME **Karen M. Ray**  
 STREET ADDRESS **530 Oak Court Dr., Suite 360**  
 CITY-ST-ZIP **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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/19/02**

**9011762-4079**

CR2E034 (9/01)