

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90169 028 ***150.00

0326063 AV

DOCUMENT # P01000079025

1. Entity Name
IDLEWYLD VACATION PROPERTIES, INC.



Principal Place of Business
888 E. LAS OLAS BLVD.
SUITE 710
FORT LAUDERDALE FL 33301

Mailing Address
888 E. LAS OLAS BLVD.
SUITE 710
FORT LAUDERDALE FL 33301



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Lauderdale, Fla.

City & State
Fort Lauderdale, Fla.

4. FEI Number 65-1133092

Applied For
Not Applicable

Zip 33316 **Country**

Zip 33316 **Country**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCUS, IRA
888 E LAS OLAS BLVD
SUITE 10
FORT LAUDERDALE FL 33301

Name
Street Address (P.O. Box Number is Not Acceptable)
1313 S. Andrews Ave.
City Fort Lauderdale **FL** 33316

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, 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 ☐ **\$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 <input type="checkbox"/> Delete MARCUS, IRA 888 E. LAS OLAS BLVD. SUITE 710 FORT LAUDERDALE FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete MAECUS, JANET A 888 E. LAS OLAS BLVD. SUITE 710 FORT LAUDERDALE FL 33301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *IRA MARCUS* **REQUIRED 3-11-03**

954-523-9696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0326063 (10/02)