

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

07-14-2003 90169 010 ***550.00

DOCUMENT # P02000057106

1. Entity Name
GLENBROOK RESORT MANAGEMENT COMPANY



Principal Place of Business
**650 S. CENTRAL AVE.
SUITE 1000
OVIEDO FL 32765**

Mailing Address
**650 S. CENTRAL AVE.
SUITE 1000
OVIEDO FL 32765**

55054786



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **20-0074365**

Applied For
Not Applicable

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

**KAPLAN, JEFFREY L
655 W. MORSE BLVD.
SUITE 212
WINTER PARK FL 32789**

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. I am familiar with, and accept the obligations of entity 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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PD White, Kenneth L.** ☐ Delete
STREET ADDRESS **650 S. Central Ave. Ste. 1000**
CITY-ST-ZIP **Oviedo, FL 32765**

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

TITLE
NAME **V/D Rigsby, William D.** ☐ Delete
STREET ADDRESS **650 S. Central Ave. Ste. 1000**
CITY-ST-ZIP **Oviedo, FL 32765**

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

TITLE
NAME **D Clark, Scott D.** ☐ Delete
STREET ADDRESS **655 W. Morse Blvd. Ste. 212**
CITY-ST-ZIP **Winter Park, FL 32789**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
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NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED
Kenneth L White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-03
Date

407-366-9668
Daytime Phone #

CR2E034 (10/02)

Attachment#

55054786 001/001
P02000057106

INTERNAL REVENUE SERVICE
BROOKHAVEN IRS CAMPUS
1040 WAVERLY AVE STOP 540
HOLTSVILLE, NY 11742
FAX: 631-687-3990
PHONE: 800-829-4933



IRS Employee # 07597

892 3rd Party Request for Missing Information to Validate Internet EIN

To: Mitchell R Gordon
Fax: 407 366-9688

Today's Date: 7-13-03
Response Due: 7-25-03

You applied for an EIN on the Internet as a 3rd party. We are unable to validate the provisional EIN provided to you for your client because we need more information.

Taxpayer / Business Name: Glenbrook Resort Management
Date of I-EIN Application: 7-8-03

In order to complete the validation process, please FAX back to the IRS within **10 business days**:

- Completed Coversheet
- Completed SS-4 signed by the taxpayer authorizing you to receive the EIN for them. The fax number is 631-687-3990.
- Your phone number and the best time to call you so we can quickly obtain the necessary information and validate the new EIN for your client.
- Additional Information requested

Failure to respond within the required timeframe may result in the cancellation of your I-EIN and a new EIN will be assigned to the entity.

INFORMATION NEEDED TO COMPLETE EIN VALIDATION:

- ☐ Line 7 - The name and Social Security Number provided does not match our records. Please verify the SSN with the Social Security Administration and send a copy of a letter from them on official letterhead with the correct name and Social Security Number.
- ☒ Line 8a - Type of Entity please fax Articles along with this letter.
- ☐ LLC - Single or Multiple Member _____
- ☒ A signed 2848 or 8821 must accompany all 3rd party requests... The mailing address on Lines 4a & 4b must be that of the taxpayer unless accompanied by Form 2848 or 8821 indicating specific tax matters (ex. 1120 and tax year 2002 if application is for a corporation). The address on 4a & 4b can never be that of the Third Party Designee from the bottom of the Form SS4.
- ☐ Your application is illegible. Please refax it to the number above.
- ☐ Other:

Provisional EIN: _____

3rd Party Phone Number: _____

Best time to call: _____ AM or _____ PM