

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06986

1. Entity Name

BERKELEY RESORTS MANAGEMENT CORP.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90117 027 ***150.00

Principal Place of Business

Mailing Address

3045 POLYNESIAN ISLES BOULEVARD
 KISSIMMEE FL 34746

1781 PARK CENTER DRIVE
 ORLANDO FL 32835-6210
 US

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 22-2611294

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

CT CORPORATION SYSTEM
 1200 PINE ISLAND ROAD
 PLANTATION FL 33324

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Delete
 NAME MILLER, L S
 STREET ADDRESS 1781 PARK CENTER DRIVE
 CITY-ST-ZIP ORLANDO FL 32835

TITLE President & Director ☐ Change ☒ Addition
 NAME T. Lincoln Morison
 STREET ADDRESS 1781 Park Center Drive
 CITY-ST-ZIP Orlando, FL 32835

TITLE DS ☐ Delete
 NAME BELL, THOMAS A
 STREET ADDRESS 1781 PARK CENTER DR
 CITY-ST-ZIP ORLANDO FL 32835

TITLE Assistant Secretary ☐ Change ☒ Addition
 NAME Sandra K. Michel
 STREET ADDRESS 1781 Park Center Drive
 CITY-ST-ZIP Orlando, FL 32835

TITLE DT ☐ Delete
 NAME GOODMAN, RICHARD
 STREET ADDRESS 1781 PARK CENTER DRIVE
 CITY-ST-ZIP ORLANDO FL 32835

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 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 an other like empowered.

SIGNATURE:

IJB

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. Bell, secretary

Date

Daytime Phone #

CR2E034 (9/99)