

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90151 001 \*2,911.25

AY 65/1010

**DOCUMENT # P06986**

1. Entity Name

**BERKELEY RESORTS MANAGEMENT CORP.**

Principal Place of Business

1781 PARK CENTER DR  
 ORLANDO FL 32835

Mailing Address

1781 PARK CENTER DR  
 ORLANDO FL 32835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**22-2611294**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PD RAYBURN, GREGORY F**  
 STREET ADDRESS **1781 PARK CENTER DR**  
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE  Change  Addition  
 NAME **VP Ann Cohen**  
 STREET ADDRESS **1781 Park Center Drive**  
 CITY-ST-ZIP **Orlando, Florida 32835**

TITLE  Delete  
 NAME **VPD YOUNG, LAWRENCE E**  
 STREET ADDRESS **1781 PARK CENTER DR**  
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **AS CAMPBELL, JOHN M**  
 STREET ADDRESS **1781 PARK CENTER DR**  
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **AT BUTTE, ERIC P**  
 STREET ADDRESS **1781 PARK CENTER DR**  
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T JOHNSTON, DAVID C**  
 STREET ADDRESS **1781 PARK CENTER DR**  
 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  
 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 all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED Ann Cohen** **4/24/02** **407-532-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)