

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P38329**

1. Entity Name

WESTIN VACATION MANAGEMENT CORPORATION

APPROVED
AND
FILED

02 MAR 29 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**777 WESTCHESTER AVE
WHITE PLAINS NY 10604**

Mailing Address

**2231 E CAMELBACK RD
STE 400
PHOENIX AZ 85016**

2. Principal Place of Business

1111 Westchester Avenue

3. Mailing Address

8803 Vistana Centre Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

White Plains, NY

City & State

Orlando, FL

4. FEI Number

91-1424116

Applied For

Not Applicable

Zip

10604

Country

USA

Zip

32821

Country

USA

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 principal agent, or both, in the State of Florida.

SIGNATURE

Carrie Bay
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/02

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DARNELL, THEODORE W	
STREET ADDRESS	777 WESTCHESTER AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	ROZELLS, MARK	
STREET ADDRESS	2231 E CAMELBACK RD, STE 400	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	LATHAM, JAMES D	
STREET ADDRESS	777 WESTCHESTER AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	MORROW, PETER	
STREET ADDRESS	2231 E CAMELBACK RD, STE 400	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	SCHNAID, ALAN M	
STREET ADDRESS	2231 E CAMELBACK RD, STE 400	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, RONALD C	
STREET ADDRESS	777 WESTCHESTER AVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SEE ATTACHED LIST
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000005194610--1
STREET ADDRESS	-04/05/02--01022--014
CITY-ST-ZIP	****158.75 ****158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: BY: *Victoria H. Carter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02

(407) 239-3778

Date

Daytime Phone #

0614107 AT

CR2E034 (9/01)

Westin Vacation Management Corporation Annual Report

Title: Chairman of the Board/Director
Name: Raymond L. Gellein, Jr.
Street Address: 8803 Vistana Centre Drive
City-ST-Zip: Orlando FL 32821

Title: President/Director
Name: Jeffrey A. Adler
Street Address: 8803 Vistana Centre Drive
City-ST-Zip: Orlando FL 32821

Title: Senior Vice President, CFO, Treasurer, Assistant Secretary
Name: Dale Curtin
Street Address: 8803 Vistana Centre Drive
City-ST-Zip: Orlando FL 32821

Title: Senior Vice President/Law, Secretary
Name: Susan Werth
Street Address: 8803 Vistana Centre Drive
City-ST-Zip: Orlando FL 32821

Title: Senior Vice President
Name: Joel Pope
Street Address: 8803 Vistana Centre Drive
City-ST-Zip: Orlando FL 32821

Title: Senior Vice President
Name: Thorp Thomas
Street Address: 8803 Vistana Centre Drive
City-ST-Zip: Orlando FL 32821

Title: Vice President, Assistant Secretary
Name: Victoria H. Carter.
Street Address: 8803 Vistana Centre Drive
City-ST-Zip: Orlando FL 32821

Title: Vice President
Name: Lisa Cassin.
Street Address: 8803 Vistana Centre Drive
City-ST-Zip: Orlando FL 32821

Title: Divisional Vice President of Finance, Assistant Treasurer
Name: David Branson
Street Address: 8803 Vistana Centre Drive
City-ST-Zip: Orlando FL 32821

Title: Vice President, Assistant Treasurer
Name: Ronald C. Brown
Street Address: 2231 E. Camelback Road, Suite 400
City-ST-Zip: Phoenix, AZ 86016

Title: Assistant Secretary
Name: Dina F. Diagonale
Street Address: 1111 Westchester Avenue
City-ST-Zip: White Plains, NY 10604

Title: Assistant Secretary
Name: Jared T. Finkelstein
Street Address: 1111 Westchester Avenue
City-ST-Zip: White Plains, NY 10604

Title: Assistant Treasurer
Name: Peter Morrow
Street Address: 2231 E. Camelback Road, Suite 400
City-ST-Zip: Phoenix, AZ 86016

CT CORPORATION

CORPORATION(S) NAME

Westin Vacation Management Corporation

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input checked="" type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____ 3/29/02 Order#: 5187948
 Availability _____
 Document _____
 Examiner _____ Ref#: _____
 Updater _____
 Verifier _____
 W.P. Verifier _____ Amount: \$ _____

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA