

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038132

1. Entity Name

SERENITY YACHT CLUB, INC.

Principal Place of Business

Mailing Address

8669 COMMODITY CIRCLE  
STE 200  
ORLANDO FL 33309

8669 COMMODITY CIRCLE  
SUITE 200  
ORLANDO FL 33309  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

City & State

Zip 32819

Country

Zip 32819

Country

6. Name and Address of Current Registered Agent

DUMENY, MARCEL J  
% FAIRFIELD COMMUNITIES, INC.  
8669 COMMODITY CIRCLE, SUITE 200  
ORLANDO FL 32819-4

7. Name and Address of New Registered Agent

Name  
CT CORPORATION SYSTEM  
Street Address (P.O. Box Number is Not Acceptable)  
1200 SCOTT PINE ISLAND ROAD  
City  
PLANTATION FL Zip Code 33324

8. The above n. Registered Agent change for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *WJ Bennett 12/29/00*

(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, 2001 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	VPD	<input type="checkbox"/> Delete
NAME	BERK, JAMES G	
STREET ADDRESS	8669 COMMODITY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 33309	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	HANNING, FRANZ	
STREET ADDRESS	8669 COMMODITY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 33309	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CAIRO, HENRY M	
STREET ADDRESS	6400 N ANDREWS AVE, STE 200	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOWETH, ROBERT W	
STREET ADDRESS	11001 EXECUTIVE CENTER DR	
CITY-ST-ZIP	LITTLE ROCK AR 72211	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	DUMENY, MARCEL J	
STREET ADDRESS	8669 COMMODITY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 33309	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BENNETT, WILLIAM J	
STREET ADDRESS	11001 EXECUTIVE CENTER DR	
CITY-ST-ZIP	LITTLE ROCK AR 72211	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32819	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32819	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTON, ANNA L.	
STREET ADDRESS	8669 COMMODITY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8669 COMMODITY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32819	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. BENNETT

1-04-01

Date

501-228-2700

Daytime Phone #

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90137 045 \*\*\*150.00

00006103



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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