

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080854

1. Entity Name

RESORTS TITLE, INC.

Principal Place of Business

8669 COMMODITY CIRCLE  
STE 200  
ORLANDO FL 33309

Mailing Address

8669 COMMODITY CIRCLE  
STE 200  
ORLANDO FL 33309  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip 32819

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip 32819

Country

4. FEI Number 65-0532714

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 change of Registered Agent is 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 F 33309	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	HANNING, FRANZ	
STREET ADDRESS	8669 COMMODITY CIRCLE	
CITY-ST-ZIP	ORLANDO 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	AS	<input type="checkbox"/> Delete
NAME	BENNETT, WILLIAM J	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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

501-228-2700

Date

Daytime Phone #

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

01-22-2001 90137 044 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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