2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
01-26-2000 90108 001 ***900.00

DOCUMENT # P95000008861

1. Entity Name
ABBOTT RESORTS, INC.

Principal Place of Business	Mailing Address
35000 EMERALD COAST PKWY DESTIN FL 32541 US	P.O. BOX 30 DESTIN FL 32540-0030 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3303140 — 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
C T CORPORATION SYSTEM 1200 SOUTH 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	P ☐ Delete	TITLE	SR VP ☒ Change ☐ Addition
NAME	OLIN, JAMES S.	NAME	
STREET ADDRESS	3500 EMERALD COAST PKWY	STREET ADDRESS	530 Oak Court Drive, Suite 360
CITY-ST-ZIP	DESTIN FL	CITY-ST-ZIP	Memphis TN 38117
TITLE	CEO ☐ Delete	TITLE	CEO + DIR ☒ Change ☐ Addition
NAME	LEVINE, DAVID L	NAME	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	STREET ADDRESS	530 Oak Court Drive, Suite 360
CITY-ST-ZIP	DESTIN FL 32541	CITY-ST-ZIP	Memphis, TN 38117
TITLE	SVCF ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	JARVIS, JEFFERY M	NAME	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	STREET ADDRESS	530 Oak Court Drive, Suite 360
CITY-ST-ZIP	DESTIN FL 32541	CITY-ST-ZIP	Memphis, TN 38117
TITLE	SVS ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	LINES, JOHN K	NAME	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	CITY-ST-ZIP	
TITLE	VC ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ALDY, MARK C	NAME	
STREET ADDRESS	35000 EMERALD COAST PARKWAY	STREET ADDRESS	530 Oak Court Drive, Suite 360
CITY-ST-ZIP	DESTIN FL 32541	CITY-ST-ZIP	Memphis TN 38117
TITLE	VAS ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	BUECHLER, KELLEY	NAME	Kelley B. Standard
STREET ADDRESS	35000 EMERALD COAST PARKWAY	STREET ADDRESS	530 Oak Court Drive, Suite 360
CITY-ST-ZIP	DESTIN FL 32541	CITY-ST-ZIP	Memphis, TN 38117

CR2E034 (9/99)

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.

—SEE ATTACHED—

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #