

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015566

1. Entity Name

INTERVAL INTERNATIONAL OVERSEAS HOLDINGS, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90179 018 \*\*\*150.00

Principal Place of Business

Mailing Address

6262 SUNSET DR.  
PH 1  
MIAMI FL 33143

6262 SUNSET DR.  
PH 1  
MIAMI FL 33143-4843

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0575611

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

MARBERT, JEANETTE E  
6262 SUNSET DR.  
PH 1  
MIAMI FL 33143

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	DP	<input type="checkbox"/> Delete
NAME	NASH, CRAIG M	
STREET ADDRESS	6262 SUNSET DR., PH 1	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RISHELL, PAUL W	
STREET ADDRESS	6262 SUNSET DR., PH 1	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	DREW, CARL W	
STREET ADDRESS	6262 SUNSET DRIVE, PH 1	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	EVS	<input type="checkbox"/> Delete
NAME	MARBERT, JEANETTE E.	
STREET ADDRESS	6262 SUNSET DRIVE, PH 1	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WEST, JENNIFER A.	
STREET ADDRESS	6262 SUNSET DRIVE DR., PH 1	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KINCKE, VICTORIA J	
STREET ADDRESS	6262 SUNSET DRIVE PH 1	
CITY-ST-ZIP	MIAMI FL 33143	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DEVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DREW, W. CARL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	MIAMI FL 33143	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	MIAMI FL 33143	
CITY-ST-ZIP		
TITLE	S	<input checked="" 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:

*Victoria J. Kincke*

Victoria J. Kincke

3/9/00

(305) 666-1861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)