

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 21, 2000 8:00 am**  
**Secretary of State**  
 09-21-2000 90002 048 \*\*\*550.00

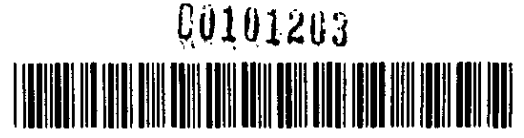
**DOCUMENT # P95000048370**  
 1. Entity Name  
**RESORT CONFERENCE SERVICES, INC.**

Principal Place of Business      Mailing Address  
**13000 SAWGRASS VILLAGE CIR**      **830-13 A1A NO.**  
**SUITE 28**      **SUITE 304**  
**PONTE VEDRA BEACH FL 32082**      **PONTE VEDRA BEACH FL 32082**  
**US**

2. Principal Place of Business      3. Mailing Address  
**6677 SEA HARBOR DR.**      **5334 CENTRAL FLORIDA PARKWAY**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 200**  
 City & State      City & State  
**ORLANDO, FL**      **ORLANDO, FL**

Zip      Country      Zip      Country  
**32821**      **USA**      **32821**      **USA**

4. FEI Number      **59-3323465**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**SMITH, PARKER B**  
**13000 SAWGRASS VILLAGE CIR**  
**SUITE 16**  
**PONTE VEDRA BEACH FL 32082**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**   
**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SCHELLER, SANFORD G 7440 FOUNDER'S WAY PONTE VEDRA BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD SCHELLER, MARJORY 7440 FOUNDER'S WAY PONTE VEDRA BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 supplementary 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_