

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075475

1. Entity Name

VACATION-BREAK WELCOME CENTERS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90174 030 ***150.00

Principal Place of Business

8669 COMMODITY CIRCLE
ORLANDO FL 33309

Mailing Address

8669 COMMODITY CIRCLE
ORLANDO FL 32819-9003
US

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 65-0608314

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

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

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	MC CONNELL, JOHN W.	
STREET ADDRESS	8669 COMMODITY CIRCLE	
CITY-ST-ZIP	ORLANDO FL 33309	
TITLE	PCED	<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	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	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berk, James G	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00 504-228-2700
Date Daytime Phone #