

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037250

1. Entity Name

RESORT REALTY & DEVELOPMENT, INC.

FILED

00 NOV 20 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5409 MYRICA ROAD  
ORLANDO FL 32810

Mailing Address

5409 MYRICA ROAD  
ORLANDO FL 32810

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

REINSTATEMENT

2000

City & State

City & State

ORLANDO

Zip

Country

Zip

FL

Country

USA

4. FEI Number NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCDOWELL, JOHN P  
5409 MYRICA ROAD  
ORLANDO FL 32810

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

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 \$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 VT  
NAME MCDOWELL, NANCY L  
STREET ADDRESS 5409 MYRICA RD.  
CITY-ST-ZIP ORLANDO FL

TITLE SECRETARY  
NAME MARK A. MCDOWELL  
STREET ADDRESS 5409 MYRICA RD.  
CITY-ST-ZIP ORLANDO, FL 32810

TITLE VICE PRESIDENT  
NAME MICHAEL P. MCDOWELL  
STREET ADDRESS 5409 MYRICA RD  
CITY-ST-ZIP ORLANDO, FL 32810

TITLE PRESIDENT  
NAME JOHN P. MCDOWELL  
STREET ADDRESS 5409 MYRICA RD  
CITY-ST-ZIP ORLANDO, FL 32810

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-2-00 (907)-290-9311

CR21034 (500)