

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077286

1. Entity Name
IRM International Resorts Marketing, Inc.

FILED

00 MAY -2 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3956 Town Center Blvd., Suite 118
Orlando, FL 32837

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
102 Park Place Blvd.
Suite, Apt. #, etc.
Bldg. D, Suite 2
City & State
Kissimmee, FL
Zip
34741
Country
U.S.A.

3. Mailing Address
102 Park Place Blvd.
Suite, Apt. #, etc.
Bldg. D, Suite 2
City & State
Kissimmee, FL
Zip
34741
Country
U.S.A.

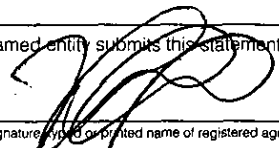
4. FEI Number 59-3404148
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Michael E. Neukamm
201 E. Pine Street, Suite 1200
Orlando, FL 32801

7. Name and Address of New Registered Agent
Name Pohl & Short, P.A.
Street Address (P.O. Box Number is Not Acceptable)
280 W. Canton Avenue
Suite 410
City Winter Park FL Zip Code 32789

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 4-28-00

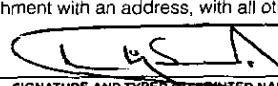
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$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	Director	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hagaury Senior		NAME	MAGALY SENIOR	
STREET ADDRESS			STREET ADDRESS	5926 BLAKEFORD DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	WINDERMERE, FLORIDA 34786	
TITLE	Director	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Felce		NAME	William Felce	
STREET ADDRESS			STREET ADDRESS	9809 RUMYON CIRCLE	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FLORIDA 32837	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  **Miguel Senior** **4/27/00** **(407) 932-1538**

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

CR2E034 (9/99)