

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90478 001 \*2,611.25

**DOCUMENT # P96000079696**

1. Entity Name

**INTERNATIONAL TIMESHARES, INC.**

Principal Place of Business

Mailing Address

~~6925 LAKE ELLENOR DR.~~  
~~ORLANDO FL 32808~~  
~~US~~

~~6177 LAKE ELLENOR DR.~~  
~~ORLANDO FL 32809~~

2. Principal Place of Business

**8309 Lake Bryan Beach Blvd.**

3. Mailing Address

**1781 Park Center Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

**Orlando, FL**

Zip

**32821**

Country

**USA**

Zip

**32835**

Country

**USA**

4. FEI Number

**59-3401530**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION FL 33324**

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 \$150.00**  
**After MAY 1, 2001 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORISON, T. LINCOLN	
STREET ADDRESS	6177 LAKE ELLENOR DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FREY, CHARLES C	
STREET ADDRESS	6177 LAKE ELLENOR DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RICHMOND, STEPHEN M	
STREET ADDRESS	6177 LAKE ELLENOR DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BROWN, KEITH J	
STREET ADDRESS	6177 LAKE ELLENOR DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GISPANSKI, THOMAS J	
STREET ADDRESS	6177 LAKE ELLENOR DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregory F. Rayburn	
STREET ADDRESS	1781 Park Center Drive	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence E. Young	
STREET ADDRESS	1781 Park Center Drive	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John M. Campbell	
STREET ADDRESS	1781 Park Center Drive	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eric P. Butte	
STREET ADDRESS	1781 Park Center Drive	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David C. Johnston	
STREET ADDRESS	1781 Park Center Drive	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick Murray	
STREET ADDRESS	8309 LAKE Bryan Beach Blvd.	
CITY-ST-ZIP	Orlando, FL 32821	

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.

**John M. Campbell, AS**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/01**

Date

**407-532-1000**

Daytime Phone #

CR2E034 (10/00)

0067256