

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91160 012 ***150.00

DOCUMENT # P97000007993

1. Entity Name

TIMESHARE RESALES USA, INC.

Principal Place of Business

Mailing Address

7061 Grand National Drive
 Suites 136
 Orlando, FL 32819

13071 E Normandy Drive, Ste 1
 Deltona, FL 32725

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

59-3423192

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

Levene, Carolé
 7709 Sundial Lane
 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 of President or registered agent and fee if applicable

OR (E) 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete President Carole Levene 7709 Sundial Lane Orlando, FL 32819 ☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-STATE-ZIP
☐ Delete TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-STATE-ZIP
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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 empowers.

SIGNATURE:

Carole Levene

Carole Levene

407-574-8488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Declaratory Filing #