2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all

SIGNATURE:

Mar 18, 2002 8:00 am P97000015209 DOCUMENT # **Secretary of State** 1. Entity Name 03-18-2002 90005 024 ***150.00 VACATION OWNERSHIP COMPANY Principal Place of Business Mailing Address 1717 N BAYSHORE DR. #110 1717 N BAYSHORE OR. #110 **MIAMI FL 33132** MIAMI FL 33132 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3429840 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRAHAM, GEORGE JR. Street Address (P.O. Box Number is Not Acceptable) 2605-C KURT STREET EUSTIS FL 32726 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. GEORGE GRAHAM JR. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. (10/6) Change ☐ Addition ☐ Delete TITLE TITLE GRAHAM. GEORGE JR. NAME NAME 1717 N. BAYSHORE DR., CR2E034 2605-C KURT STREET STREET ADDRESS STREET ADDRESS MIAMI, FL. 33/32 EUSTIS FL 32726 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change - - [] Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

160 CAF GRAHAM, JA. 03/04/00 (305)371-3/32