2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P97000022706 May 15, 2000 8:00 am Secretary of State WORLDWIDE RESORTS CLUB, INC. 05-15-2000 90316 047 ***150.00 Mailing Address Principal Place of Business 12400 S INTERNATIONAL DR 12400 S INTERNATIONAL DR ORLANDO FL 32821-6936 ORLANDO FL 32821 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3501687 Not Applicable Country Zip Country # \$8.75 Additional 5. Certificate of Status Desired Fee Required 18.04.5 7. Name and Address of New Registered Agent 6: Name and Address of Current Registered Agent Name A.G.C. CO Street Address (P.O. Box Number is Not Acceptable) 200 S ORANGE AVE. STE 2300 ORLANDO FL 32802-0112 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!!.FEE_IS_\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. wilmoln, Thomas, J. TITLE Telete TITLE GIANELLI, PETER A NAME NAME 12400 S INTERNATIONAL DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32821 Change Addition TITLE Delete TITLE tin, marcus W GIANELLI, PETER A NAME NAME STREET ADDRESS STREET ADDRESS 12400 S INTERNATIONAL DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32821 ₩ Delete TITLE ☐ Change ■ Addition TITLE NAME MAC DONALD, JOHN NAME STREET ADDRESS 12400 S INTERNATIONAL DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32821 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

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Daytime Phone #