

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084543

1. Entity Name

CONSOLIDATED RESORT SERVICES INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90067 023 ***150.00

Principal Place of Business

7862 SUGAR BEND DRIVE
ORLANDO FL 32819

Mailing Address

7862 SUGAR BEND DRIVE
ORLANDO FL 32835-5740

2. Principal Place of Business

6550 Fairway Hill Ct
Suite 1000

3. Mailing Address

6550 Fairway Hill Ct
Suite 1000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32835

Orange

32835

Orange

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAIL, RONALD R.
7862 SUGAR BEND DRIVE
ORLANDO FL 32819

Name

VAIL, Ronald R.

Street Address (P.O. Box Number is Not Acceptable)

6550 Fairway Hill Ct

Suite 1000

City

Orlando

FL

Zip

32835

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)

3/25/2000

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, 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	D	<input type="checkbox"/> Delete
NAME	VAIL, RONALD R.	
STREET ADDRESS	7862 SUGAR BEND DRIVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME	VAIL, RONALD R.	
STREET ADDRESS	6550 Fairway Hill Ct	
CITY-ST-ZIP	Suite 1000 Orlando FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/2000

407-523-2352

CR2E034 (9/99)