

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State
 02-09-2000 90104 001 *1,111.25

DOCUMENT # P97000092037

1. Entity Name
VACATIONWORKS, INC.

Principal Place of Business Mailing Address
 8801 VISTANA CENTRE DRIVE PO BOX 22197
 ORLANDO FL 32821 LAKE BUENA VISTA FL 32830-2197

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 **59-3475157** Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS ST.
 TALLAHASSEE FL 32301**

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, 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

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | CEOD | <input type="checkbox"/> Delete |
| NAME | GELLEIN, RAYMOND L JR. | |
| STREET ADDRESS | 8801 VISTANA CENTRE DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32821 | |
| TITLE | VCEO | <input type="checkbox"/> Delete |
| NAME | ADLER, JEFFREY A | |
| STREET ADDRESS | 8801 VISTANA CENTRE DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32821 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | LYTLE, CAROL | |
| STREET ADDRESS | 8801 VISTANA CENTRE DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32821 | |
| TITLE | SVPS | <input type="checkbox"/> Delete |
| NAME | WERTH, SUSAN | |
| STREET ADDRESS | 8801 VISTANA CENTRE DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32821 | |
| TITLE | TSVC | <input type="checkbox"/> Delete |
| NAME | HARRIS, CHARLES E | |
| STREET ADDRESS | 8801 VISTANA CENTRE DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32821 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | (SEE ATTACHED LIST) |
| 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 | |
| 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 | |
| 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.

vacationWorks, Inc.
SIGNATURE: By: Susan Werth, Sr. VP/Law

(407) 239-3332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)