## 2000 UNIFORM BUSINESS REPORT (UBR) May 01, 2000 8:00 am Secretary of State DOCUMENT # **P97000108782** INTERVAL OWNERSHIP SALES GROUP, INC. 05-01-2000 90479 016 \*\*\*150.00 Mailing Address Principal Place of Business 871 WEST OAKLAND PARK BLVD 871 WEST OAKLAND PARK BLVD FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311-1731 pal Place of Business CONNECUE HU MHHERRIA HUH DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0823263 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent BLODIG, GREGORY J ESQ Street Address (P.O. Box Number is Not Acceptable) GREENSPOON MARDER HIRSCHFELD, ET AL. 100 W CYPRESS CREEK RD., SUITE 700 FT. LAUDERDALE FL 33309 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable 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. 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 11. TITLE **▼** Delete TITLE LAMBERT, DAN NAME NAME connected Blud, Suite 100 STREET ADDRESS STREET ADDRESS 871 WEST OAKLAND PARK BLVD CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 Change : Delete TITLE TITLE iterilly, Janus VERRILLO, JIM NAME 2419 E commercial Blud Scile 160 NAME STREET ADDRESS 871 WEST OAKLAND PARK BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. L'AUDERDALE FL 33311 Delete TITLE HEYDEN, PAUL NAME NAME STREET ADDRESS 871 WEST OAKLAND PARK BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-702 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with his 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 the 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.

Davtime Phone #

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATUR