

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000000708**

1. Entity Name

VISTANA WGV MANAGEMENT, INC.**FILED**
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90032 001 ***317.50

Principal Place of Business

POST OFFICE BOX 22197
LAKE BUENA VISTA FL 32830-2197

Mailing Address

POST OFFICE BOX 22197
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

59-3486093

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 STREET
TALLAHASSEE FL 32301-2525**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	VCCF	<input type="checkbox"/> Delete
NAME	HARRIS, CHARLES E	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32821-6353	
TITLE	TA	<input type="checkbox"/> Delete
NAME	HARRIS, CHARLES E	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32821-6353	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GELLEIN, RAYMOND L JR	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32821-6353	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ADLER, JEFFREY A	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32821-6353	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	MCKNIGHT, JAMES	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32821-6353	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	WERTH, SUSAN	
STREET ADDRESS	8801 VISTANA CENTRE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32821-6353	

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.

Vistana WGV Management, Inc.

SIGNATURE: BY Susan Werth SIGNATURE REQUIRED Susan Werth, Sr. VP/Law

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 239-3332
Daytime Phone #