

2001 UNIFORM BUSINESS REPORT (UBR)

007C

DOCUMENT # P98000023908

1. Entity Name

SITA RESORTS, INC.

FILED

01 APR 30 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8134 INTERNATIONAL DR.
ORLANDO FL 32819

Mailing Address

8134 INTERNATIONAL DR.
ORLANDO FL 32819

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 59-3500785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLEN, STEPHEN S
2055 WOOD STREET
SUITE 208
SARASOTA FL 34236

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, 2001 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 P
NAME PATEL, ARVIND
STREET ADDRESS 10849 WOODCHASE CIRCLE
CITY-ST-ZIP ORLANDO FL 32836 ☒ Delete

TITLE P
NAME Steve Mullen
STREET ADDRESS 2055 Wood St. Suite 208
CITY-ST-ZIP Sarasota, FLORIDA, 34237 ☐ Change ☒ Addition

TITLE VP
NAME PATEL, NARAN
STREET ADDRESS 5364 LONESOME DOVE DR.
CITY-ST-ZIP KISSIMMEE FL 34746 ☒ Delete

TITLE T/S
NAME Grant Mullen
STREET ADDRESS 2055 Wood St. Suite 208
CITY-ST-ZIP Sarasota, FLORIDA, 34237 ☐ Change ☒ Addition

TITLE VP
NAME PATEL, SANJAY
STREET ADDRESS 5875 W. IRLO BRONSON HWY.
CITY-ST-ZIP KISSIMMEE FL 34746 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7000004194717-0
-05/11/01--01006--023
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE T/S
NAME PATEL, JAY R
STREET ADDRESS 4515 VILLAGE WOOD DR.
CITY-ST-ZIP ORLANDO FL 32835 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Daytime Phone #

CR2E034 (10/00)