

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**  
 04-17-2000 90101 037 \*\*\*158.75

**DOCUMENT # P98000079989**

1. Entity Name  
**TIMESHARES BY OWNER OF LONGWOOD, INC.**

Principal Place of Business      Mailing Address  
**280 C.R. 427 SOUTH.. SUITE 207**      **280 C.R. 427 SOUTH.. SUITE 207**  
**LONGWOOD FL 32750**      **LONGWOOD FL 32750**

2. Principal Place of Business      3. Mailing Address  
**Same**      **Same**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number **59-3534468**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired **★** **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
**MUNOZ, SHARON**  
**16 BAYBERRY BR., SUITE 207**  
**CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent  
 Name **Munoz, Sharon**  
 Street Address (P.O. Box Number is Not Acceptable)  
**851 Mallocks Ct.**  
 City **Casselberry, FL.**      **FL**      Zip Code **32707**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUNOZK, JORGE</b>		NAME	<b>Munoz, Jorge</b>	
STREET ADDRESS	<b>16 BAYBERRY BR.</b>		STREET ADDRESS	<b>851 Mallocks Ct.</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>		CITY-ST-ZIP	<b>Casselberry, FL. 32707</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, JAY</b>		NAME	<b>Munoz, Sharon</b>	
STREET ADDRESS	<b>855 BALLARD ST., APT D</b>		STREET ADDRESS	<b>851 Mallocks Ct.</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32701</b>		CITY-ST-ZIP	<b>Casselberry, FL. 32707</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUNOZ, SHARON</b>		NAME		
STREET ADDRESS	<b>16 BAYBERRY BR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CASSELBERRY FL 32707</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 an officer or trustee empowered.

SIGNATURE: Sharon Munoz      4/11/00      407-830-1289  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)