

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90090 009 \*\*\*158.75

**DOCUMENT # P98000084877**

1. Entity Name  
**WORLD POINT VACATION CLUB, INC.**



Principal Place of Business  
**1125 U.S. HIGHWAY 98 SOUTH SUITE 200  
LAKELAND FL 33801  
US**

Mailing Address  
**1125 U.S. HIGHWAY 98 SOUTH SUITE 200  
LAKELAND FL 33801  
US**

**90004892**



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 **59-3496279**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ST. JOHN, JOSEPH P  
1125 U.S. HIGHWAY 98 SOUTH SUITE 200  
LAKELAND FL 33801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ST. JOHN, JOSEPH P	
STREET ADDRESS	1125 U.S. HIGHWAY 98 SOUTH SUITE 200	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAYHUGH, LINDA	
STREET ADDRESS	1125 U.S. HIGHWAY 98 SOUTH SUITE 200	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAASER, HAROLD	
STREET ADDRESS	1125 U.S. HIGHWAY 98 SOUTH SUITE 200	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/13/03**

Date

Daytime Phone #