

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097796

1. Entity Name

REGENT VACATIONS & MANAGEMENT, INC.

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90015 008 \*\*\*150.00

Principal Place of Business

Mailing Address

328 COLUMBO CIR  
ORLANDO FL 32804

328 COLUMBO CIR  
ORLANDO FL 32804-6302

2. Principal Place of Business

3. Mailing Address

7801 W. Irlo Bronson Mem. Hwy.  
Suite, Apt. #, etc.  
Suite B

7801 W. Irlo Bronson Mem. Hwy.  
Suite, Apt. #, etc.  
Suite B

City & State  
Kissimmee, FL

City & State  
Kissimmee, FL

Zip  
34747-1760

Country  
USA

Zip  
34747-1760

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3545401

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

LENOX, DAVID R  
135 WEST CENTRAL BOULEVARD  
SUITE 1100  
ORLANDO FL 32801

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 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 PD  
NAME LENOX, KATHRYNE M  
STREET ADDRESS 328 COLUMBO CIR  
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE PD ☒ Change ☐ Addition  
NAME Kathryne M. Lenox  
STREET ADDRESS 7801 W. Irlo Bronson Mem. Hwy, Suite B  
CITY-ST-ZIP Kissimmee, FL 34747-1760

TITLE VD  
NAME LENOX, DAVID R  
STREET ADDRESS 328 COLUMBO CIR  
CITY-ST-ZIP ORLANDO FL 32804 ☐ Delete

TITLE VD ☐ Change ☐ Addition  
NAME DAVID R. LENOX  
STREET ADDRESS 7801 W. Irlo Bronson Mem. Hwy, Suite B  
CITY-ST-ZIP Kissimmee, FL 34747-1760

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kathryne Lenox 2/7/00 (407) 397-9868