2000 UNIFORM BUSINESS REPORT (UBR)							
DOCUMENT # P9900084272 /					FILED		
1. Entity Name RESORT FURNITURE HOLDING COMPANY, INC.					Jul 17, 2000 8:00 am Secretary of State		
DBA RESORT FURNITURE LEASING						Y 01 Sta 077 042 ***550	
Principal Place of Business Mailing Address					0111200090	011 012 330	.00
12273 W. HWY 98. HOLIDAY PLAZA. UNIT 103 12273 W. HWY 98. HOLIDAY DESTIN FL 32541 DESTIN FL 32541			y plaza. Unit 10	3			
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2. Principal Place of Business,		3. Mailing Address					
Suite, Apt. #, etc.		Spite, Apt. #, etc. HOLIDAV PLAZA UNIT 10			DO NOT WRITE IN THIS SPACE		
TASSIALE TA		TESTAL EL			4. FELNymber 3598567 Applied For Not Applicable		
2755	D Country	32550	Country	5.	Certificate of Status Desired	See Require	ditional
	6. Name and Address of Current Re	gistered Agent			Name and Address of New Regis	<u> </u>	
PHILSON, RICHARD L							
12273 W. HWY 98, HOLIDAY PLAZA, UNIT 103 DESTIN FL 32541							
City DESMAL FL 3245/							50
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 / TAULO 7/10/00							
Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! Tax filing requirement and elects to do so. After SEPTEMBER 13, (See criteria on back) Make Check Payable			, 2000 Min. will	be \$750.00 t of State		Addec	0 May Be to Fees
11. TITLE	OFFICERS AND DI		12. TITLE	A	DDITIONS/CHANGES TO OFFICE		Addition
NAME STREET ADDRESS	TAYLOR, CHRISTINE R 374 S. SHORE DRIVE		NAME STREET ADDRESS	374	3. Shore Dri.	he -	
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP	Dest	in FL 32550		
TITLE NAME	TAYLOR, MICHAEL H	Delete	TITLE NAME	374	5. Shore Dri	Change	Addition •
STREET ADORESS CITY-ST-ZIP	374 S. SHORE DRIVE DESTIN FL 32541		STREET ADDRESS CITY-ST-ZIP	Dash	NFL 32550		
TITLE NAME	D HAADSMA, THOMAS C	Delete	TITLE	PRA	nfilles Cove	💋 Change	Addition _
STREET ADDRESS CITY - ST - ZIP	88 ANTILLES COVE DESTIN FL 32541		STREET ADDRESS	TASH	10155 COVE		
TITLE	D	Defete	TITLE			Change	Addition
NAME STREET ADDRESS	COLLINS, HUMBERT E 4503 SAWGRASS WAY	·	NAME STREET ADDRESS				
CITY-ST-ZIP TITLE	DESTIN FL 32541 D	X Delete	CITY-ST-ZIP TITLE		······	Change	Addition
NAME STREET ADDRESS	PHILSON, RICHARD L 4378 OLD BAYOU TRAIL	, ·	NAME STREET ADDRESS				
CITY-ST-ZIP	DESTIN FL 32541		CITY-ST-ZIP				
		Delete	TITLE NAME			Change []	Addition
STREET ADDRESS CITY-ST-ZIP		·	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 optrustee 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							

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