

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093832

1. Entity Name

RESORT EXCHANGE INTERNATIONAL, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90217 029 ***158.75

Principal Place of Business

301 E HILLCREST STREET
ORLANDO FL 32801

Mailing Address

301 E HILLCREST STREET
ORLANDO FL 32801-1213

2. Principal Place of Business

1980 N. Atlantic Ave. #1024

3. Mailing Address

1980 N. Atlantic Ave. #1024

Suite, Apt. #, etc.
Suite #1024

Suite, Apt. #, etc.
Suite #1024

City & State

Cocoa Beach, FL

City & State

Cocoa Beach, FL

4. FEI Number

59-3605638

Applied For

Not Applicable

Zip

32931

Country

Brevard

Zip

32931

Country

Brevard

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNETTE, BARBARA
301 E HILLCREST STREET
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
Kenneth E. Alles

Street Address (P.O. Box Number is Not Acceptable)

1980 N. Atlantic Ave. Suite #1024

City
Cocoa Beach,

FL

Zip Code
32931

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

Kenneth E. Alles

FEB 17, 2000

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

TITLE PD
NAME A. Kodsi
STREET ADDRESS 1980 N. Atlantic Ave. #1024
CITY-ST-ZIP Cocoa Beach, FL 32931

☐ Delete

TITLE VSTD
NAME N.A. Waynert
STREET ADDRESS 1980 N. Atlantic Ave. #1024
CITY-ST-ZIP Cocoa Beach, FL 32931

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

N.A. Waynert
N.A. Waynert

Feb. 17, 2000

321-783-3060

Date

Daytime Phone #

CR2E034 (9/99)