

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097012

1. Entity Name

INTERNATIONAL TIMESHARE DEPOSITORY, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90126 034 ***150.00

Principal Place of Business

Mailing Address

5120 POINTE EMERALD LANE
BOCA RATON FL 33486

5120 POINTE EMERALD LANE
BOCA RATON FL 33486-1488



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6503 N. Military Trail
Suite, Apt. #, etc.
Apt. 702

International Timeshare Depository, Inc.
Suite, Apt. #, etc.
21346 St. Andrews Blvd. Suite 434

City & State

City & State

Boca Raton, Florida

Boca Raton, Florida

Zip

Country

Zip

Country

33496

PBC

33433

PBC

4. FEI Number

65-096 0512

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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)

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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 NAME STREET ADDRESS CITY-ST-ZIP	D SACCOMANNO, PAULA 5120 POINTE EMERALD LANE BOCA RATON FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Paula Saccomanno 6503 N. Military Trail Apt. 702 Boca Raton, Florida 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Paula Saccomanno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2000
Date

561-241-8210
Daytime Phone #

CR2E034 (9/99)