2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098283

1. Entity Name
RESORT SERVICES INTERNATIONAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 28 PM 3:36

Principal Place of Business	Mailing Address
62 AMSDEN ROAD ORMOND BEACH FL 32176	62 AMSDEN ROAD ORMOND BEACH FL 32176

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
RESORT SERVICES INTERNATIONAL	RESORT SERVICES INTERNATIONAL, INC.
Suite, Apt. #, etc.: 374 S. ATLANTIC AVE.	Suite, Apt. #, etc.: 374 S. ATLANTIC AVE.
City & State: ORMOND BEACH, FL	City & State: ORMOND BEACH, FL
Zip: 32176 Country: VOLUSIA	Zip: 32176 Country: VOLUSIA

4. FEI Number 59-3662189 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	PSTD ☐ Delete	TITLE	PSTD ☒ Change ☐ Addition
NAME	SATTENFIELD, PATRICIA W	NAME	SATTENFIELD, PATRICIA W.
STREET ADDRESS	62 AMSDEN ROAD	STREET ADDRESS	374 S. ATLANTIC AVE.
CITY-ST-ZIP	ORMOND BEACH FL 32176	CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAUX, JEFFREY J	NAME	
STREET ADDRESS	62 AMSDEN ROAD	STREET ADDRESS	400003419734--9
CITY-ST-ZIP	ORMOND BEACH FL 32176	CITY-ST-ZIP	-10/09/00--01097--022
TITLE	☐ Delete	TITLE	****555.00 ☐ Change ****555.00 ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	AR 10/2
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (5/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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] REQUIRED 8-24-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #