

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAY 20 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000-98283**

1. Entity Name

RESORT SERVICES INTERNATIONAL INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **374 S. Atlantic**

Ormond Beach Ave 32174

Suite, Apt. #, etc.

C

City & State

ORMOND BEACH FL

Zip

32176

Country

USA

3. Mailing Address

374 S. ATLANTIC AVE

Suite, Apt. #, etc.

C

City & State

ORMOND BEACH FL

Zip

32176

Country

USA

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4. FEI Number

59-3607143

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SPIEGEL & ULTRERA PA.

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

343 ALMERIA AVE

City

CORAL GABLES

FL

Zip Code

33134

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT / SECRETARY
PATRICIA SATTEFIELD
374 S. ATLANTIC AVE
ORMOND BEACH FL 32176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

700005677647--
-06/04/02--01061--006
******450.00 ****150.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TREASURER
JEFFREY J LAYX
62 AMSDEN RD
ORMOND BEACH FL 32176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/02

Date

384-673-9797

386-444-7732

Daytime Phone #

CR200408 (2/01)