

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109825

1. Entity Name

RESORT TRAVELER, INC.

R

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90015 018 ***150.00

Principal Place of Business
7226 WEST COLONIAL DRIVE
SUITE 253
ORLANDO FL 32818

Mailing Address
7226 WEST COLONIAL DRIVE
SUITE 253
ORLANDO FL 32818

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-361-5762 (NOT SURE)

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

BORDEN, ROBERT A III
137-B EAST MURIEL STREET
ORLANDO FL 32806

Name BORDEN, ROBERT A.

Street Address (P.O. Box Number is Not Acceptable)
7618 PISSARRO DR # 208

City ORLANDO

FL

Zip Code 32819

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 NAME STREET ADDRESS CITY-ST-ZIP	D BORDEN, ROBERT A III 137-B EAST MURIEL STREET ORLANDO FL 32806	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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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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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-10-00 407-903-7240

Resort Traveler

WORLDWIDE VACATION PROPERTY NETWORK & TRAVEL CLUB

www.resorttraveler.com

7226 West Colonial Dr. - Suite 253 - Orlando, FL 32818

Attachment
P9900010
9825

A0077233

From the office of:

Robert Alexander Borden III

Owner

To: Katherine Harris, or authorized assistant.

As per my conversation with your call center, I never received any prior notification of any amount due to the state. The notification I received which said "Second Notice", was in fact my first. I moved earlier this year from the address you have on file. I have provided my new address on the UBR form. The lady I spoke with at your call center told me to include a letter stating that, and I would not have to pay the late fee. Please forgive any inconvenience. You have my new address. Any further issues can be addressed to me directly.

Thank you,

Robert A. Borden III

Robert A. Borden III

Resort Traveler Inc.

www.resorttraveler.com