

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90205 003 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S13758**

1. Corporation Name

**DISNEY VACATION CLUB MANAGEMENT CORP.**

Principal Place of Business

**200 CELEBRATION PLACE  
220  
CELEBRATION FL 34747  
US**

Mailing Address

**500 S BUENA VISTA ST  
BURBANK CA 91521-0586  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/20/1990**

4. FEI Number

**59-3039581**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **200 CELEBRATION PLACE**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

**CELEBRATION, FL**

28 City & State

24 Zip Country

**34747**

**US**

29 Zip Country

**30**

9. Name and Address of Current Registered Agent

**IOPPOLO, FRANK S  
1375 BUENA VISTA DRIVE  
FOUR NORTH, ATTN: LEGAL DEPT.  
LAKE BUENA VISTA FL 32830**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **WEISS, ALLEN R**  
STREET ADDRESS **200 CELEBRATION PLACE**  
CITY-ST-ZIP **CELEBRATION FL 34747**

TITLE **D** ☐ DELETE

NAME **LITVACK, SANFORD M**  
STREET ADDRESS **500 S BUENA VISTA ST**  
CITY-ST-ZIP **BURBANK CA 91521**

TITLE **S** ☐ DELETE

NAME **KATHEDER, THOMAS**  
STREET ADDRESS **1375 BUENA VISTA DR**  
CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

TITLE **PD** ☒ DELETE

NAME **WONG, KENNETH P**  
STREET ADDRESS **1401 FLOWER ST**  
CITY-ST-ZIP **GLENDALE CA**

TITLE **ASD** ☐ DELETE

NAME **REED, MARSHA L**  
STREET ADDRESS **500 SOUTH BUENA VISTA STREET**  
CITY-ST-ZIP **BURBANK CA 91521**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**VASD  
REED, MARSHA L.  
500 SOUTH BUENA VISTA STREET  
BURBANK, CA 91521**

**VT  
GIBBS II, MATTHEW T.  
200 CELEBRATION PLACE  
CELEBRATION, FL 34747**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARSHA L. REED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(818) 560-1000

Daytime Phone #

CR2E034 (11/98)