

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S13758

1. Entity Name

DISNEY VACATION CLUB MANAGEMENT CORP.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90031 030 ***150.00

Principal Place of Business

Mailing Address

200 CELEBRATION PLACE
CELEBRATION FL 34747
US

500 S BUENA VISTA ST
BURBANK CA 91521-0001
US

2. Principal Place of Business

3. Mailing Address

500 SOUTH BUENA VISTA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BURBANK, CA

4. FEI Number

59-3039581

Applied For

Not Applicable

Zip

Country

Zip

Country

91521-0586

US

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

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

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 \$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	PD	<input type="checkbox"/> Delete
NAME	WEISS, ALLEN R	
STREET ADDRESS	200 CELEBRATION PLACE	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITVACK, SANFORD M	
STREET ADDRESS	500 S BUENA VISTA ST	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	S	<input type="checkbox"/> Delete
NAME	KATHEDER, THOMAS	
STREET ADDRESS	1375 BUENA VISTA DR	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WONG, KENNETH P	
STREET ADDRESS	1401 FLOWER ST	
CITY-ST-ZIP	GLENDALE CA	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	REED, MARSHA L	
STREET ADDRESS	500 SOUTH BUENA VISTA STREET	
CITY-ST-ZIP	BURBANK CA 91521	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	GIBBS, MATTHEW T II	
STREET ADDRESS	200 CELEBRATION PLACE	
CITY-ST-ZIP	CELEBRATION FL 34747	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T
STREET ADDRESS	SCHULTZ, TERRI A.
CITY-ST-ZIP	200 CELEBRATION PLACE CELEBRATION, FL 34747

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:

MARSHA L. REED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(818) 560-1000

CR2E034 (9/99)