

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State
 04-12-2000 90001 024 ***150.00

DOCUMENT # S13764

1. Entity Name
DISNEY VACATION DEVELOPMENT, INC.

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| Principal Place of Business 200 CELEBRATION PLACE CELEBRATION FL 34747-4800 US | Mailing Address 500 SOUTH BUEN VISTA STREET BURBANK CA 91521-0001 US |
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|---|---------|--|-----------|
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 500 SOUTH BUENA VISTA STREET Suite, Apt. #, etc. | |
| City & State | | City & State BURBANK, CA | |
| Zip | Country | Zip | Country |
| | | 91521-0586 | US |



DO NOT WRITE IN THIS SPACE

| | | |
|---|--|--|
| 4. FEI Number 59-3039587 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

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|--|--|---|--|
| 6. Name and Address of Current Registered Agent IOPPOLO, FRANK S 1375 BUENA VISTA DR 4TH FL N LAKE BUENA VISTA FL 32830 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---|--|---|------|---|
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | PO WEISS, ALLEN R | | STREET ADDRESS | | |
| CITY-ST-ZIP | 200 CELEBRATION PLACE CELEBRATION FL 34747 | | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | ASD REED, MARSHA L | | STREET ADDRESS | | |
| CITY-ST-ZIP | 500 S. BUENA VISTA ST. BURBANK CA 91521 | | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | VS KATHEDER, THOMAS | | STREET ADDRESS | | |
| CITY-ST-ZIP | 1375 BUENA VISTA DR. LAKE BUENA VISTA FL 32830 | | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | D LITVACK, SANFORD M | | STREET ADDRESS | | |
| CITY-ST-ZIP | 500 S BUENA VISTA ST BURBANK CA 91521 | | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | AT BUETTNER, ANNE L | | STREET ADDRESS | | |
| CITY-ST-ZIP | 500 S. BUENA VISTA ST. BURBANK CA 91521 | | CITY-ST-ZIP | | |
| TITLE | NAME | <input checked="" type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | VT GIBBS, II M T | | STREET ADDRESS | | |
| CITY-ST-ZIP | 200 CELEBRATION PLACE CELEBRATION FL 34747 | | CITY-ST-ZIP | | |

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 *Marsha L Reed* **4/6/00** **(818) 560-1000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)