

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 15, 2000 08:00 AM
Secretary of State

DOCUMENT # S82719

1. Entity Name
 INTERVAL MANAGEMENT OF CENTRAL FLORIDA, INC.

Principal Place of Business 13360 W COLONIAL DR STE 440 WINTER GARDEN 34787	Mailing Address P. O. BOX 691376 ORLANDO 32869
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2. Principal Place of Business 13350 W COLONIAL DR	3. Mailing Address
Suite, Apt. #, etc. STE 350	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State WINTER GARDEN FL	City & State	4. FEI Number 59-3086214	Applied For <input type="checkbox"/> Not Applicable
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Zip 34787	Country US	Zip	Country	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	7. Name and Address of New Registered Agent
DURBIN RONALD E. 10555 WOODCHASE CIRCLE ORLANDO FL 32836 US	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 _____ **08/15/2000**
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) <input checked="" 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
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VS	<input type="checkbox"/> Delete		T.TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DURBIN KAREN L			NAME	DURBIN KAREN L		
STREET ADDRESS	1055 WOODCHASE CIRCLE			STREET ADDRESS	10555 WOODCHASE CIRCLE		
CITY-ST-ZIP	ORLANDO FL 32836			CITY-ST-ZIP	ORLANDO FL 32836		
TITLE	PVST	<input type="checkbox"/> Delete		T.TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DURBIN RONALD E.			NAME			
STREET ADDRESS	10555 WOODCHASE CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32836			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		T.TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		T.TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		T.TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Ronald E. Durbin PVST 08/15/2000