2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 15, 2000 08:00 AM DOCUMENT # S82719 1. Entity Name **Secretary of State** INTERVAL MANAGEMENT OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address P. O. BOX 691376 13360 W COLONIAL DR **STE 440** WINTER GARDEN FL ORLANDO FL 34787 32869 US 2. Principal Place of Business 3. Mailing Address 13350 W COLONIAL DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE STE 350 City & State City & State 4. FEI Number Applied For WINTER GARDEN FL 59-3086214 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34787 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DURBIN 10555 WOODCHASE CIRCLE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32836 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. 08/15/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE vs Delete TITLE X Change ☐ Addition DURBIN KAREN NAME DURBIN KAREN 10555 WOODCHASE CIRCLE STREET ADDRESS 1055 WOODCHASE CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO 32836 CITY-ST-ZIP ORLANDO 32836 TITLE ☐ Delete PVST TITLE ☐ Change ☐ Addition NAME NAME DURBIN RONALD E. STREET ADDRESS 10555 WOODCHASE CIRCLE STREET ADDRESS CITY-ST-ZIF ORLANDO FL. 32836 CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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.