

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**  
 04-03-2001 90116 021 \*\*\*158.75

0433107

**DOCUMENT # S98549**

1. Entity Name

**WILSON RESORT MANAGEMENT CORP.**

Principal Place of Business

8505 W. IRLO BRONSON MEMORIAL HWY.  
 KISSIMMEE FL 34747-8201

Mailing Address

8505 W. IRLO BRONSON MEMORIAL HWY.  
 KISSIMMEE FL 34747-8201

**00041430**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3095499**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LOWER, BRIAN T**  
**8505 WEST IRLO BRONSON MEMORIAL HIGHWAY**  
**KISSIMMEE FL 34747-8201**

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, 2001 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 ☐ Delete  
 NAME **P**  
 STREET ADDRESS **SWAN, CHARLES K. III**  
 CITY-ST-ZIP **8505 W. IRLO BRONSON MEMORIAL HWY**  
**KISSIMMEE FL 34747**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **WILSON, ROBERT A**  
 CITY-ST-ZIP **1629 WINCHESTER ROAD**  
**MEMPHIS TN 38116**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VD**  
 STREET ADDRESS **WILSON, C. KEMMONS JR.**  
 CITY-ST-ZIP **1629 WINCHESTER ROAD**  
**MEMPHIS TN 38116**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DC**  
 STREET ADDRESS **WILSON, KEMMONS**  
 CITY-ST-ZIP **1629 WINCHESTER ROAD**  
**MEMPHIS TN 38116**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MOORE, BETTY W**  
 CITY-ST-ZIP **1629 WINCHESTER ROAD**  
**MEMPHIS TN 38116**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **WEST, CAROLE W.**  
 CITY-ST-ZIP **1629 WINCHESTER**  
**MEMPHIS TN**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:**

**Brian T. Lower, Sr. VP**

**2/1/01**

**(407) 239-1034**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment Doc# S98549  
COD41430

**WILSON RESORT MANAGEMENT CORP.**  
(FEI # 59-3095499)

**1629 Winchester Road  
Memphis, TN 38116**

|                        |               |
|------------------------|---------------|
| Kemmons Wilson         | D/C, Emeritus |
| Spence Wilson          | D/C           |
| Robert A. Wilson       | D/VP          |
| C. Kemmons Wilson, Jr. | D/VP          |
| Betty Wilson Moore     | D             |
| Carole Wilson West     | D             |
| William R. Batt        | T             |
| R.E. Wallin            | S             |
| Gary McClain           | Asst. T       |

**8505 West Irlo Bronson Memorial Highway  
Kissimmee, FL 34747**

|                      |                 |
|----------------------|-----------------|
| Charles K. Swan, III | P/CEO           |
| Brian T. Lower       | Sr. VP/ Asst. S |
| Thomas J. Gispanski  | Sr. VP/CFO      |
| Ron Juneman          | Sr. VP          |
| Ralph Bailey         | Sr. VP          |
| Robert L. Shaw       | VP              |
| John Kelly           | VP              |
| Michael Thompson     | VP              |
| Filomena A. Parillo  | Asst. VP        |

D=Director, C=Chairman, P=President, CEO=Chief Executive Officer, CFO=Chief Financial Officer, Sr. VP=Senior Vice President, VP=Vice President, S=Secretary, T=Treasurer, Asst.=Assistant