

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 08:00 AM
Secretary of State

DOCUMENT # V11820

1. Entity Name
RESORT ACTIVITIES MANAGEMENT CORPORATION

Principal Place of Business
1000 N. COLLIER BLVD
SUITE #12
MARCO ISLAND FL 34145

Mailing Address
P. O. BOX 1865
MARCO ISLAND FL 34146 US

2. Principal Place of Business
1000 N. COLLIER BLVD

Suite, Apt. #, etc.
SUITE #12

City & State
MARCO ISLAND FL

Zip Country
34145

4. FEI Number
65-0332857

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HALYE CRAIG
1000 N COLLIER BLVD, STE 12
MARCO ISLAND FL 34145 US

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 _____ DATE 09/13/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE DPST ☐ Delete
NAME HALYE, CRAIG
STREET ADDRESS 1533 GALLEON
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☒ Change ☐ Addition
NAME HALYE, CRAIG
STREET ADDRESS 1480 WINTERBERRY DR
CITY-ST-ZIP MARCO ISLAND FL 34145

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

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

TITLE ☐ Change ☐ Addition
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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: Craig L. Halye

DPST 09/13/2000