

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V11886

1. Entity Name

ORLANDO RESORT GROUP CORPORATION

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90043 035 ***150.00

Principal Place of Business

Mailing Address

2650 HOLIDAY TRAIL
KISSIMMEE FL 34746
US

2650 HOLIDAY TRAIL
KISSIMMEE FL 34746-4706
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3105480

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

DYKXHOORN, JACOB C.
130 E. CENTRAL AVENUE
LAKE WALES FL 33853

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ASHDOWN, BLAKE E.
STREET ADDRESS 1618 STANLAKE
CITY-ST-ZIP EAST LANSING MI 48823

TITLE P ☒ Change ☐ Addition
NAME ASHDOWN, BLAKE E.
STREET ADDRESS 610 GOLF PARK
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE PD ☐ Delete
NAME IMESON, DAVID S.
STREET ADDRESS 6900 DELLA DRIVE, #20
CITY-ST-ZIP ORLANDO FL 32819

TITLE PD ☒ Change ☐ Addition
NAME IMESON, DAVID S
STREET ADDRESS 9045 GREAT HURON CIRCLE
CITY-ST-ZIP ORLANDO, FL 32836

TITLE VD ☐ Delete
NAME BUCHANAN, ROGER
STREET ADDRESS 802 ROSA STREET
CITY-ST-ZIP CELEBRATION FL 34747

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

TITLE ST ☐ Delete
NAME PENCE, ROBERT
STREET ADDRESS 232 STRATHMORE CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34744

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robert Pence ROBERT PENCE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00

Date

(407) 390-9300

Daytime Phone #

CR2E034 (9/99)