

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90135 005 ***150.00

0554419 AV

DOCUMENT # V48809

1. Entity Name
JEM RESORTS MANAGEMENT SERVICES, INC.

Principal Place of Business
3036 MICHIGAN AVENUE
KISSIMMEE FL 34744

Mailing Address
3036 MICHIGAN AVENUE
KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3137578

Applied For

Not Applicable

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

SILLS, LARA
3036 MICHIGAN AVE
KISSIMMEE FL 34744

Name **Jeffrey S. Bork**

Street Address (P.O. Box Number is Not Acceptable)
3036 Michigan Avenue

City **Kissimmee**

FL

Zip Code **34744**

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

Jeffrey S. Bork
 Signature of registered agent and title if applicable.

Jeffrey S. Bork, CEO

(NOTE: Registered Agent signature required when reinstating)

4/19/2002
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DS** ☒ **Delete**
NAME **SILLS, SCOTT**
STREET ADDRESS **2707 FOREST VIEW LANE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

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

TITLE **PD** ☐ **Delete**
NAME **MICHAEL, AGOMBAR G**
STREET ADDRESS **743 COUNTRY WOODS**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **2423 Queenswood Circle**
CITY-ST-ZIP **Kissimmee, FL 34744**

TITLE **VPDC** ☒ **Delete**
NAME **SILLS, LARA M**
STREET ADDRESS **2707 FOREST VIEW LANE**
CITY-ST-ZIP **KISSIMMEE FL 34744**

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

TITLE **TD** ☐ **Delete**
NAME **COMBEN, ROY**
STREET ADDRESS **866 COUNTRY CROSSING COURT**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **2423 Queenswood Circle**
CITY-ST-ZIP **Kissimmee, FL 34744**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☒ **Addition**
NAME **VP / D**
STREET ADDRESS **Kathleen Beise Johnson**
CITY-ST-ZIP **231 Satinwood Circle**
Kissimmee, FL 34744

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☒ **Addition**
NAME **CEO/D/S**
STREET ADDRESS **Jeffrey S. Bork**
CITY-ST-ZIP **3036 Michigan Avenue**
Kissimmee, FL 34744

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:

Jeffrey S. Bork
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey S. Bork, CEO

4/19/02
 Date

407-847-4500
 Daytime Phone #

CR2E034 (9/01)