

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/19/00

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90078 031 \*\*\*150.00

**DOCUMENT # P99000063966**

1. Entity Name  
**HOWEY HILLS RESORT HOLDING CORPORATION**

Principal Place of Business      Mailing Address  
 BELLA VISTA BLVD. HWY 48      P O BOX 66  
 IN THE HILLS FL 34737      HOWEY IN THE HILLS FL 34737-0066



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 9551 Bridgeway Dr      PO Box 86  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Howey in the Hills FL  
 Zip      Country      Zip      Country  
 34737

4. FEI Number      Applied For  
 59-3587809      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MCDERMOTT, PETER  
 26935 BELLA VISTA BLVD, HWY 48  
 HOWEY IN THE HILLS FL 34737

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 \_\_\_\_\_  
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 NAME STREET ADDRESS CITY-ST-ZIP	PST MCDERMOTT, PETER 26935 BELLA VISTA BLVD, HWY 48 HOWEY IN THE HILLS FL 34737 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JERRY EASTEP Howey in the Hills FL 34737 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ Date: 4/10/00 Daytime Phone #: (352) 324-2900