

# CLAIM FORM

In re: BERMUDEZ V CFI RESORTS MANAGEMENT, INC.  
Case No. 6:19-cv-1847-Orl-37DCI  
(Middle Dist. Florida, Orlando Div.)

If you have a Notice ID and PIN, submit your claim online at:  
[www.bermudezfcraSettlement.com](http://www.bermudezfcraSettlement.com)

IF YOU WANT TO SHARE IN THIS SETTLEMENT, THEN YOU MUST SUBMIT A CLAIM FORM BY OCTOBER 17, 2020. YOU MAY FILE A CLAIM ONLINE AT [WWW.BERMUDEZFCRASETTLEMENT.COM](http://WWW.BERMUDEZFCRASETTLEMENT.COM). ALTERNATIVELY, YOU MAY COMPLETE THE FORM BELOW AND MAIL TO: BERMUDEZ FCRA SETTLEMENT, % SETTLEMENT ADMINISTRATOR, PO BOX 23489, JACKSONVILLE, FL 32241-3489. IF SUBMITTED BY MAIL, YOUR CLAIM MUST BE POSTMARKED BY OCTOBER 17, 2020.

Check below if you wish to file a claim in the captioned settlement and complete all information.

Yes, I want to receive a portion of the settlement fund, anticipated to be \$57.50. I understand that the payment may be subject to reduction based upon the number of class members that timely return the claim form.

M	M	-	D	D	-	2	0	2	0
---	---	---	---	---	---	---	---	---	---

\_\_\_\_\_  
SIGNATURE

DATE (MM-DD-YYYY)

**PLEASE PRINT CLEARLY**

CURRENT EMAIL ADDRESS																								
CURRENT PHONE NUMBER																								
(    )    -																								
<input type="checkbox"/> My name and mailing address are correct as printed above. (Do not complete the fields below.)																								
<input type="checkbox"/> I have corrected my name and address below.																								
FIRST NAME / MIDDLE INITIAL																								
LAST NAME																								
MAILING ADDRESS																								
CITY															STATE					ZIP				

Do not submit a claim by mail if you file a claim online. To ensure you receive your payment, it is your responsibility to notify the Settlement Administrator of any address change. Contact the Settlement Administrator at [info@bermudezfcraSettlement.com](mailto:info@bermudezfcraSettlement.com), or by mail at Bermudez FCRA Settlement, % Settlement Administrator, PO Box 23489, Jacksonville, FL 32241-3489.

*Administrator Use Only - Do not write below this line*

**375** v1.0



Docket

Received

Postmarked