

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90080 009 ***150.00

DOCUMENT # K34918

1. Entity Name

HARD ROCK CAFE INTERNATIONAL (ORLANDO), INC.

Principal Place of Business

**6100 OLD PARK
 ORLANDO FL 32835**

Mailing Address

**ATTN: JAY WOLSCZAK
 6100 OLD PARK LANE
 ORLANDO FL 32835
 US**

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 **59-2915648**

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DV WATSON, JOHN H. FIVE CONCOURSE PARKWAY ATLANTA GA	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BEAUDRAULT, PETER 6100 OLD PARK LN ORLANDO FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LITTLE, SCOTTIE 6100 OLD PARK LN ORLANDO FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCNEESE, JACK 5 CONCOURSE PKWY #2400 ATLANTA GA	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DELANEY, THOMAS FIVE CONCOURSE PARKWAY ATLANTA GA	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT + DIRECTOR PETER BEAUDRAULT 6100 OLD PARK LANE ORLANDO, FL 32835	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT + DIRECTOR SCOTT LITTLE 6100 OLD PARK LANE ORLANDO, FL 32835	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY + DIRECTOR HORACE G. DAWSON, III 6100 OLD PARK LANE ORLANDO, FL 32835	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. TREASURER CHRIS KNIPFING 6100 OLD PARK LANE ORLANDO, FL 32835	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SECY. JAY WOLSCZAK 6100 OLD PARK LANE ORLANDO, FL 32835	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01

Date

Daytime Phone #

407/445.7625

CR2E034 (10/00)