


FILED
Apr 28, 2003 8:00 am
Secretary of State

MP6228 ΔV

DOCUMENT #
1. Entity Name
BVWD HOTEL II, INC.

P93000087615



Secretary of State
04-28-2003 90540 037 ***150.00

Principal Place of Business
800 TRAFALGAR COURT
SUITE 200
MAITLAND FL 32751
US

Mailing Address
800 TRAFALGAR COURT
SUITE 200
MAITLAND FL 32751
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
59-3219939

Applied For
Not Applicable

5. Certificate of Status Desired

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BROWN, GARY E
800 TRAFALGAR COURT
SUITE 200
MAITLAND FL 32751

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS
TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
CD BROWN, GARY E
800 TRAFALGAR COURT, #200
MAITLAND FL 32751
STD VON WELLER, HAROLD J
800 TRAFALGAR COURT, #200
MAITLAND FL 32751
PD DAVIS, STEVEN S
800 TRAFALGAR COURT, #200
MAITLAND FL 32751

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED GARY E. BROWN 4/23/03 407/495-0800