

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A04552**

1. Entity Name

DON CE SAR RESORT HOTEL, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -5 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**FOSTER PLAZA X
680 ANDERSEN DRIVE
PITTSBURGH PA 15220**

Mailing Address

**FOSTER PLAZA X
680 ANDERSEN DRIVE
PITTSBURGH PA 15220-2700**

2. Principal Place of Business

1950 Stemmons Frey

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 6001

Suite, Apt. #, etc.

same

City & State

Dallas TX

City & State

same

Zip

75207

Country

US

Zip

same

Country

same

4. FEI Number

59-1636913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$50,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **F96000002757**
NAME **ROSADO GRANDE, INC.**
STREET ADDRESS **900 COTTAGE GROVE ROAD**
CITY - ST - ZIP **HARTFORD CT 06152-2313**

DOCUMENT # **F96000005047**
NAME **IHC REALTY CORPORATION**
STREET ADDRESS **FOSTER PLAZA TEN, 680 ANDERSEN DRIVE**
CITY - ST - ZIP **PITTSBURGH PA 15220**

DOCUMENT #
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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/1/00

Date

214 863 1000

Daytime Phone #