

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A15124**

1. Entity Name
ORLANDINN, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

Principal Place of Business
**1886 ROUTE 52
HOPEWELL JUNCTION NY 12533**

Mailing Address
**1886 ROUTE 52
HOPEWELL JUNCTION NY 12533**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2424 ROUTE 52
Suite, Apt. #, etc.

3. Mailing Address
2424 ROUTE 52
Suite, Apt. #, etc.

City & State
Hopewell Jct NY

City & State
Hopewell Jct NY

Zip
12533 Country
USA

Zip
12533 Country
USA

4. FEI Number
59-2322194

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Capital Contributions as Shown on record. **\$800.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	HUNDLEY, MONTY D 100 SUMMIT LAKE DRIVE VALHALLA NY 10595	STREET ADDRESS	2424 ROUTE 52
NAME		CITY - ST - ZIP	HOPEWELL JUNCTION NY 12533
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	G56076 ORLANDINN FLORIDA, INC. 100 SUMMIT LAKE DRIVE VALHALLA NY 10595	STREET ADDRESS	2424 ROUTE 52
NAME		CITY - ST - ZIP	HOPEWELL JUNCTION NY 12533
STREET ADDRESS			
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

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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

Date **4/25/00** Daytime Phone #

CR2E003 (1/99)