

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A16749

1. Entity Name

CRALIN HOTEL PARTNERS, LTD.

Principal Place of Business

7571 WEST IRLO BRONSON MEMORIAL HWY  
KISSIMMEE FL 34746-1747

Mailing Address

7571 WEST IRLO BRONSON MEMORIAL HWY  
KISSIMMEE FL 34747-1725

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

59-2417715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STILWELL, THOMAS  
1745 BURNHAM CT  
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

Michael F. Kardos

Street Address (P.O. Box Number is Not Acceptable)

2649 Shinnick Drive

City

Orlando

FL

Zip Code

32837

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 Michael F Kardos

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.

\$2,850,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$2,850,000.00

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 # P01869  
NAME KISSIMMEE HOTEL CORP.  
STREET ADDRESS 600 THIRD AVE.  
CITY-ST-ZIP NEW YORK NY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

FILED  
00 MAY -1 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-06/15/00-01117-017  
\*\*\*526.25 \*\*\*526.25

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

4/23/00

Daytime Phone #

212/983/4560