

AND
FILED

01 APR 30 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # A30070**

1. Entity Name

INTERSTATE RESORTS ASSOCIATES, LTD.

Principal Place of Business

**111 WEST FORTUNE STREET
TAMPA FL 33602**

Mailing Address

**111 WEST FORTUNE STREET
TAMPA FL 33602**

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

59-2966947

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

7. Name and Address of New Registered Agent

INTERSTATE RESORTS, INC.**111 WEST FORTUNE STREET
TAMPA FL 33602**

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.**\$990.00**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 #
NAME
STREET ADDRESS
CITY - ST - ZIP**K79437
INTERSTATE RESORTS, INC.
111 W. FORTUNE ST.
TAMPA FL**DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIPDOCUMENT #
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NAME
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CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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:

*Interstate Resorts Inc**Robinson Cullen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER*Robinson Cullen*

Date

Daytime Phone #

000111000