

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001018**

1. Entity Name

**CELEBRATION HOTEL, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O THE KESSLER ENTERPRISE, INC.  
6649 WESTWOOD BLVD., SUITE 130  
ORLANDO FL 32821

Mailing Address  
C/O THE KESSLER ENTERPRISE, INC.  
6649 WESTWOOD BLVD., SUITE 130  
ORLANDO FL 32821-6006

2. Principal Place of Business  
7380 Sand Lake Road

3. Mailing Address  
7380 Sand Lake Road

Suite, Apt. #, etc.  
Suite 120

Suite, Apt. #, etc.  
SUITE 120

City & State  
Orlando, FL

City & State  
Orlando, FL 328

Zip  
32819

Country  
USA

Zip  
32819

Country  
USA

4. FEI Number  
**59-3446994**

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 SOUTH 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$500,000.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000040655	STREET ADDRESS	7380 Sand Lake Road Suite 120
NAME	RCK CELEBRATION, INC.	CITY - ST - ZIP	Orlando, FL 32819
STREET ADDRESS	6649 WESTWOOD BLVD., SUITE 130		
CITY - ST - ZIP	ORLANDO FL 32821		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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

5/1/00 407-996-9999  
Date Daytime Phone #

CF E001 (9/99)