

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001991**

1. Entity Name

ORLANDO MAIN GATE PARTNERS, LTD.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 28 AM 10:47

Principal Place of Business
1258 NORTH PALM AVENUE
SARASOTA FL 34236

Mailing Address
1258 NORTH PALM AVENUE
SARASOTA FL 34236-5604



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0789794**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GITHLER, CHARLES E III
1258 NORTH PALM AVENUE
SARASOTA FL 34236

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.

\$3,825,000.00

10. Amount of Capital Contributions in FLORIDA to date.

3,825,000.00

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

13.

DOCUMENT # **P97000080100**
NAME **ORLANDO GATEWAY HOTEL, INC.**
STREET ADDRESS **1258 NORTH PALM AVENUE**
CITY - ST - ZIP **SARASOTA FL 34236**

STREET ADDRESS

CITY - ST - ZIP

ADDRESS CHANGES ONLY
4000003155324-4
-03/13/00--01010--022
******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

4/3/8/00

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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

V.P.
ACAN E. WILLIS

Date

Daytime Phone #

2/23/00

CR2E003 (9/99)