

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001207

1. Entity Name
CANADA AVENUE HOTEL ASSOCIATES, LIMITED PARTNERS

FILED

00 MAY 15 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12000 COLLEGIATE WAY
ORLANDO FL 32817

Mailing Address
12000 COLLEGIATE WAY
ORLANDO FL 32817-2157



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2211689

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. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,200,000

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 #	P99000096696	STREET ADDRESS	STREET ADDRESS	FF \$526.25
NAME	CANADA AVENUE HOTELS, INC.	CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS	12000 COLLEGIATE WAY	STREET ADDRESS	STREET ADDRESS	9000003254509--8
CITY - ST - ZIP	ORLANDO FL 32817	CITY - ST - ZIP	CITY - ST - ZIP	-05/16/00--01050--007
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	***2276.25 ***526.25
NAME		CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	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: *Richard L. Viar* REQUIRED *Richard L. Viar* 4/9/00 301-340-6324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E*03 (9/99)