

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91768 048 ***150.00

0086172 AV

DOCUMENT # F00000004254

1. Entity Name

HOTEL CO-OP OF DELAWARE, INC.



Principal Place of Business

631 N WYMORE ROAD
SUITE 200
MAITLAND FL 32751

Mailing Address

631 N WYMORE ROAD
SUITE 200
MAITLAND FL 32751

2. Principal Place of Business

631 N. Wymore Rd.
Suite, Apt. #, etc.
Suite 160

3. Mailing Address

631 N. Wymore Rd.
Suite, Apt. #, etc.
Suite 160

City & State

Maitland, FL

City & State

Maitland, FL

Zip

32751

Country

US

Zip

32751

Country

US

4. FEI Number

51-0397603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RYBICKI, JACK
631 N WYMORE ROAD
SUITE 200
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

DAVE DRESNER

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

631 N. Wymore Rd.

City

Maitland

FL

Zip Code

32751

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

D. Dresner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM GOLDBERGER, SUZY 631 N WYMORE ROAD SUITE 200 160 MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB FREY, DALE 631 N WYMORE ROAD SUITE 200 160 MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CAULO, RALPH 631 N WYMORE ROAD SUITE 200 MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM RYAN, JOE 631 N WYMORE ROAD SUITE 200 MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WEED, BRIAN 631 N WYMORE ROAD SUITE 200 MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMM DRESNER, DAVE 631 N WYMORE ROAD SUITE 200 160 MAITLAND FL 32751	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-23-03

407-622-4630

CR2E034 (10/02)