2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 08:00 AM
Secretary of State

DOCUMENT # **F00000005196**

1. Entity Name
HERITAGE INN & SUITES OF ORLANDO, INC.

Principal Place of Business	Mailing Address
1134 WESTRAC DRIVE FARGO ND 58103	1134 WESTRAC DRIVE FARGO ND 58103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1202 WESTRAC DRIVE	1202 WESTRAC DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FARGO ND	City & State: FARGO ND
Zip: 58103 Country:	Zip: 58103 Country:

4. FEI Number: 45-0457267 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AIKENS GAIL
2003 SOUTH FRONTAGE ROAD
PLANT CITY FL
33566 US

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 ________________ 05/16/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNUTSON MARK 1202 WESTRAC DRIVE FARGO ND ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD THARALDSON GARY 1134 WESTRAC DRIVE FARGO ND ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD THARALDSON GARY 1202 WESTRAC DRIVE FARGO ND ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: gary tharaldson pres 05/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #