

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93599 013 ***150.00

DOCUMENT # **F00000005194**

1. Entity Name

Heritage Inn & Suites of Orlando, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1202 Westrac Dr

Suite, Apt. #, etc.

3. Mailing Address

1202 Westrac Dr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fargo, ND

City & State
Fargo, ND

4. FEI Number

45-0457267

Applied For

Not Applicable

Zip
58103

Country

Zip
58103

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Gail Aikens

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

2003 South Frontage Road

City
Plant City

FL

Zip
33566

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PCTD Gary Tharaldson
1202 Westrac Drive, Fargo, ND 58103

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S Mark Knutson
1202 Westrac Drive, Fargo, ND 58103

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/02

Date

Daytime Phone #

701-235-1167

CR2E034B (12/01)