

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005013

1. Entity Name

ALAFAYA HOTEL CO., INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90113 032 \*\*\*150.00

Principal Place of Business

1629 WINCHESTER ROAD  
MEMPHIS TN 38116

Mailing Address

1629 WINCHESTER ROAD  
MEMPHIS TN 38116-3519

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

62-1617447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWER, BRIAN T  
8505 WEST IRLO BRONSON MEMORIAL HIGHWAY  
KISSIMMEE FL 34747

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. 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, 2000 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	<input type="checkbox"/> Delete
	PD	WILSON, C. KEMMONS JR	1629 WINCHESTER ROAD MEMPHIS TN 38116	
	DV	WILSON, SPENCE	1629 WINCHESTER ROAD MEMPHIS TN 38116	
	S	WALLIN, R E	1629 WINCHESTER ROAD MEMPHIS TN 38116	
	VTD	PETTEY, JOHN H III	1629 WINCHESTER ROAD MEMPHIS TN 38116	
	VD	WILSON, ROBERT A	1629 WINCHESTER RD MEMPHIS TN	
	VD	GLOVER, GEORGE	1629 WINCHESTER RD MEMPHIS TN	

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

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 667, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-00 901-346-8800

CR2E034 (9/99)