## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # F9600003366 1. Entity Name **GRANDVIEW HOTEL CORPORATION** 05-11-2001 90064 007 \*\*\*150.00 Mailing Address Principal Place of Business 207 GRANDVIEW DR % RADISSON FT MITCHELL KY 41017-GREATER CINCINNATI INTERNATIONAL AIRPORT HEBRON KY 41048 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 61-1300935 City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE YUNG, WILLIAM J NAME NAME 207 GRANDVIEW DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MITCHELL KY 41017 CITY-ST-ZIP Vice President (V) Addition Change TITLE 🔼 Delete TITLE Educial Rofes MARQUET, JOSEPH E NAME NAME 207 Grandview Drive 207 GRANDVIEW DR. STREET ADDRESS STREET ADDRESS FT. MITCHELL KY 41017 CITY-ST-ZIP FT Mitchell, KY 41017 CITY-ST-ZIP Change ☐ Addition TITLE TITLE Delete MITCHEL, THEODORE R NAME NAME 207 GRANDVIEW DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MITCHELL KY 41017 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE MAYER, THOMAS NAME NAME 207 GRANDVIEW DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MITCHELL KY 41017 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 be easily support 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 applications of the corporation of the corporation of the corporation of the receiver or trustee empowered to be supported 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 applications of the corporation of the c

THEODORE R. MITCHEL SECRETARY/TREASURER

Daytime Phone #

SIGNATURE: