

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000005642**

1. Entity Name

LOEWS ORLANDO HOTEL PARTNER, INC.

Principal Place of Business

**667 MADISON AVENUE
NEW YORK NY 10021-8087**

Mailing Address

**655 MADISON AVE
TAX DEPT./14TH FLR.
NEW YORK NY 10021-8043
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0709821**

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****CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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, 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	PD	<input type="checkbox"/> Delete
NAME	TISCH, JONATHAN M	
STREET ADDRESS	667 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GARSON, GARY W	
STREET ADDRESS	667 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10021-8087	
TITLE	T	<input type="checkbox"/> Delete
NAME	KENNY, JOHN J	
STREET ADDRESS	655 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BECKER, SUSAN T.	
STREET ADDRESS	655 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	AT	<input type="checkbox"/> Delete
NAME	DESMOND, DENIS	
STREET ADDRESS	655 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ADLER, JACK	
STREET ADDRESS	667 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DENIS R. DESMOND**

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90038 011 ***150.00

738540

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)