

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
 05-02-2000 90110 036 ***150.00

DOCUMENT # G56076

1. Entity Name
ORLANDINN FLORIDA, INC.

Principal Place of Business 1886 ROUTE 52 HOPEWELL JUNCTION NY 12533	Mailing Address 1886 ROUTE 52 HOPEWELL JUNCTION NY 12533
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950033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2424 ROUTE 52 Suite, Apt. #, etc.	3. Mailing Address 2424 ROUTE 52 Suite, Apt. #, etc.
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City & State Hopewell Jct NY	City & State Hopewell Jct NY
Zip 12533	Zip 12533
Country USA	Country USA

4. FEI Number 13-3206697	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRENTICE HALL CORPORATION SYSTEM
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLLMAN, BRETT G. 1886 ROUTE 52 HOPEWELL JUNCTION NY 12533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP TOLLMAN, BRETT G. 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC TOLLMAN, STANLEY 1886 ROUTE 52 HOPEWELL JUNCTION NY 12533 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUNDLEY, MONTY D 1886 ROUTE 52 HOPEWELL JUNCTION NY 12533 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDZIERA, CRAIG 1886 ROUTE 52 HOPEWELL JUNCTION NY 12533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KENDZIERA, CRAIG 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ROBERT STEENHUISEN 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PLEMMONS, JODEE 2424 ROUTE 52 HOPEWELL JUNCTION, NY 12533 <input type="checkbox"/> Change <input checked="" 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 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: Jodee Plemmons 4/24/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)