

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H91100

1. Entity Name

DAYS KISSIMMEE ASSOCIATES, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90110 046 ***150.00

Principal Place of Business

Mailing Address

% TOLLMAN-HUNDLEY HOTELS
1886 ROUTE 52
HOPWELL JUNCTION NY 12533
US

% TOLLMAN-HUNDLEY HOTELS
1886 ROUTE 52
HOPWELL JUNCTION NY 12533
US

2. Principal Place of Business

3. Mailing Address

2424 ROUTE 52

2424 ROUTE 52

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hopewell Jct NY

Hopewell Jct NY

Zip

Country

Zip

Country

12533

USA

12533

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 ☐ Delete
NAME D
STREET ADDRESS TOLLMAN, BRETT G.
CITY-ST-ZIP 1886 ROUTE 52
HOPWELL JUNCTION NY 12533

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS TOLLMAN, GAVIN B.
CITY-ST-ZIP 1886 ROUTE 52
HOPWELL JUNCTION NY 12533

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS KENDZIERA, CRAIG
CITY-ST-ZIP 1886 ROUTE 52
HOPWELL JUNCTION NY 12533

TITLE ☒ Change ☐ Addition
NAME DVT
STREET ADDRESS KENDZIERA, CRAIG
CITY-ST-ZIP 2424 ROUTE 52
HOPWELL JUNCTION, NY 12533

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME VS
STREET ADDRESS PLENNONS, JODEE
CITY-ST-ZIP 2424 ROUTE 52
HOPWELL JUNCTION, NY 12533

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

Date

Daytime Phone #

4/24/00