

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K32653

1. Entity Name

KISSIMMEE SUITES MANAGEMENT, INC.

FILED

May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90110 047 \*\*\*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

Hopewell Jct NY

City & State

Hopewell Jct NY

Zip

12533

Country

USA

Zip

12533

Country

USA

4. FEI Number

59-2909709

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

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 DC  
NAME TOLLMAN, STANLEY S.  
STREET ADDRESS 1886 ROUTE 52  
CITY-ST-ZIP HOPWELL JUNCTION NY 12533 ☒ Delete

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

TITLE DP  
NAME HUNDLEY, MONTY D.  
STREET ADDRESS 1886 ROUTE 52  
CITY-ST-ZIP HOPWELL JUNCTION NY 12533 ☒ Delete

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

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

TITLE DCP  
NAME TOLLMAN, BRETT G.  
STREET ADDRESS 2424 ROUTE 52  
CITY-ST-ZIP HOPEWELL JUNCTION, NY 12533 ☒ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VT  
NAME STEENHUISEN, ROBERT  
STREET ADDRESS 2424 ROUTE 52  
CITY-ST-ZIP HOPEWELL JUNCTION, NY 12533 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VS  
NAME PLEMMONS, JOE  
STREET ADDRESS 2424 ROUTE 52  
CITY-ST-ZIP HOPEWELL JUNCTION, NY 12533 ☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00