

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K32653

1. Entity Name

KISSIMMEE SUITES MANAGEMENT, INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90102 004 \*\*\*150.00

Principal Place of Business

2424 ROUTE 52  
HOPWELL JUNCTION NY 12533  
US

Mailing Address

2424 ROUTE  
HOPWELL JUNCTION NY 12533  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

PRENTICE-HALL CORPORATION SYSTEM, INC.  
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

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

TITLE	VT	<input type="checkbox"/> Delete
NAME	STEENHUISEN, ROBERT	
STREET ADDRESS	2424 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PLEMMOUS, JODEE	
STREET ADDRESS	2424 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	
TITLE	DCP	<input type="checkbox"/> Delete
NAME	TOLLMAN, BRETT G.	
STREET ADDRESS	2424 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENDZIERA, CRAIG	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

4/3/01 845-223-3603

CR2E034 (10/00)