

# 2002 UNIFORM BUSINESS REPORT (UBR)

2/

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90182 017 \*\*\*\*50.00

**DOCUMENT # L01000007069**

1. Entity Name

**BUENAVISTA HG - SUNSPREE BEVERAGE, LLC**

Principal Place of Business

2910 WEST BAY TO BAY BLVD.  
 SUITE 200  
 TAMPA FL 33629

Mailing Address

2910 WEST BAY TO BAY BLVD.  
 SUITE 200  
 TAMPA FL 33629

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

**59-3720527**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'NEIL, ALBERT C**  
**101 EAST KENNEDY BLVD.**  
**SUITE 2700**  
**TAMPA FL 33601**

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 file # applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

**SEE ATTACHED**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE:

*[Signature]*

**MICHAEL H. FROST**

**1/31/02**

**(813) 221-7635**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP25083 (3/01)

Attachment  
27218

April 26, 2002

#201000007069

Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

To Whom It May Concern:

The following is a list of officers for Buena Vista Hospitality Group:

| 9. MANAGING MEMBERS/MANAGERS                           |                                                                                                 |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY - ST - ZIP: | President<br>Bob Stolz<br>5700 Cove Drive<br>Orlando, FL 32812-2817                             |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY - ST - ZIP: | CEO<br>Mike Frost<br>1013 S. Oregon Avenue<br>Tampa, FL 33606                                   |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY - ST - ZIP: | Vice President<br>Florian Morel<br>8254 Lisbon Court<br>Orlando, FL 32836                       |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY - ST - ZIP: | Secretary/Treasurer<br>David Kennedy<br>5718 Gordon Avenue<br>Tampa, FL 33611                   |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY - ST - ZIP: | Vice President/Asst. Secretary<br>Darryl Fluhart<br>4924 Spring Run Avenue<br>Orlando, FL 32819 |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY - ST - ZIP: | Vice President<br>Donald Heintz<br>203 Cove Lake Drive<br>Longwood, FL 32779                    |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY - ST - ZIP: | Vice President<br>Colin Wright<br>115 Coral Cay Drive<br>Palm Beach Gardens, FL 33418           |