

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0000892 AF

DOCUMENT # L96000000938

1. Entity Name

CENTRAL FLORIDA HOTEL COMPANY, L.C.

00 APR 29 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

200 E ROBINSON STREET STE 500
ORLANDO FL 32801

Mailing Address

200 E ROBINSON STREET STE 500
ORLANDO FL 32801-1956



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

59-3444454

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FLORIDA CORPORATE SUPPORT INC
200 E ROBINSON STREET STE 500
ORLANDO FL 32801

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MEM ☐ Delete
STREET ADDRESS KAMSON, OLATOKUNBOH
CITY - ST - ZIP 200 E ROBINSON STREET STE 500
ORLANDO FL 32801

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400003249884 ☐ Addition
CITY - ST - ZIP -05/11/00--01127--020
*****50.00 *****50.00

TITLE NAME MEM ☐ Delete
STREET ADDRESS KAMSON, GBEMISOLA
CITY - ST - ZIP 200 E ROBINSON STREET STE 500
ORLANDO FL 32801

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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

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

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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)