

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L97000000892

1. Entity Name

FLORIDA HOTEL MANAGEMENT, L.C.

00 MAY 12 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

60 S. IVANHOE BLVD.
ORLANDO FL 32804

Mailing Address

60 S. IVANHOE BLVD.
ORLANDO FL 32804-6441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3467509

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KRASKER, PAUL A
625 N. FLAGLER DR., 9TH FL.
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: Georgi Zaczac, Sr.
Street Address (P.O. Box Number is Not Acceptable): Executive Office
777 NW 72nd Avenue
City: Miami FL Zip Code: 33126

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

TITLE: MGRM
NAME: ZACZAC, GEORGI
STREET ADDRESS: EXECUTIVE OFFICES, 777 N.W. 72ND AVENUE
CITY-ST-ZIP: MIAMI FL 33126 ☐ Delete

TITLE: MGRM
NAME: ZACZAC, ELIZABETH
STREET ADDRESS: 60 S. IVANHOE BLVD.
CITY-ST-ZIP: ORLANDO FL 32804 ☐ Delete

TITLE: MGRM
NAME: ZACZAC, LOURDES
STREET ADDRESS: 60 S. IVANHOE BLVD.
CITY-ST-ZIP: ORLANDO FL 32804 ☐ Delete

TITLE: MGRM
NAME: ZACZAC, GEORGI JR.
STREET ADDRESS: 60 S. IVANHOE BLVD.
CITY-ST-ZIP: ORLANDO FL 32804 ☐ Delete

TITLE: MGRM
NAME: ZACZAC, MARCOS
STREET ADDRESS: 60 S. IVANHOE BLVD.
CITY-ST-ZIP: ORLANDO FL 32804 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

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

TITLE: ☐ Change ☐ Addition
NAME: 600003279346--9
STREET ADDRESS: -06/07/00--01012--024
CITY-ST-ZIP: *****50.00 *****50.00

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

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

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

TITLE: ☐ Change ☐ Addition
NAME:
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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4/21/00

CF 1001 (9/97)