2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003096

Entity Name

IATIONAL HOSPITALITY, LLC

OK'd 9/29/00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB -2 AM 10:12

rincipal Place of Business	Mailing Address
578 BLAIRSHIRE CIRCLE WINTER PARK FL 32792	678 BLAIRSHIRE CIRCLE WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
1025 S. Semoran Blvd	2803 Barranca Pkwy
Suite, Apt. #, etc. Ste 1093	Suite, Apt. #, etc.
City & State Winterpark, FL	City & State Irvine CA
Zip 32792 Country	Zip 92606 Country

4. FEI Number 59-3548768 ☐ 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
A.G.C. CO. 200 S. ORANGE AVENUE, SUITE 2300 ORLANDO FL 32801	Name: Jack Shepard Street Address (P.O. Box Number is Not Acceptable): 1025 S. Semoran Blvd. Ste 1093 City: Winter Park, FL 32792 **FL** Zip Code: 32792

. 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: Jack Shepard — Signature, typed or printed name of registered agent and title if applicable. Jack Shepard (NOTE: Registered Agent signature required when reinstating) DATE: 12/28/00

[redacted]

MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHEPARD, JACK 678 BLAIRSHIRE CIRCLE WINTER PARK FL 32792	☐ Delete	500003631895--9 -02/02/01--01140--025 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GRISWOLD, DAVID E TRUSTEE 678 BLAIRSHIRE CIRCLE WINTER PARK FL 32792	☐ Delete	500003631895--9 -02/02/01--01140--026 ****150.00 ****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	50.00 2000	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 608, Florida Statutes.

SIGNATURE: David E Griswold David E Griswold 10/13/00 (949)653-2607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #