

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005116

1. Entity Name

HOSPITALITY DEVELOPMENT CONSULTANTS INTERNATIONAL

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP -5 AM 10:02

Principal Place of Business

732 WINDWILLOW CIRCLE
WINTER SPRINGS FL 32708

Mailing Address

732 WINDWILLOW CIRCLE
WINTER SPRINGS FL 32708



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3593851

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

BURGUNDER, KARL A
% MAHAFFEY, LEITCH & BURGUNDER
800 WESTWOOD SQUARE, SUITE A
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name
Lowndes Drosdick Doster Kantor & Reed, P.A.
Street Address (P.O. Box Number is Not Acceptable)
215 North Eola Drive
Attn: Charles C. Carrington
City Orlando FL Zip Code 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

7-31-00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME MGRM
STREET ADDRESS BURTS, JESS
CITY-ST-ZIP 20585 SW 1ST STREET
PEMBROKE PINES FL 33029

☐ Delete

TITLE
NAME MGRM
STREET ADDRESS CHEEK, HARVEY DALE
CITY-ST-ZIP 954 LINKSIDE TERRACE
ALPHARETTA GA. 30005

☐ Delete

TITLE
NAME MGRM
STREET ADDRESS CORDINER, MICHAEL
CITY-ST-ZIP 120 PEREGRINE COURT
WINTER SPRINGS FL 32708

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

8/4/00

Date

407-787-3100

Daytime Phone #

CR2E083 (5/00)