

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000002042

1. Entity Name

GM HOTEL MANAGEMENT-CANADA AVENUE ORLANDO LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -6 AM 9:35

Principal Place of Business

Mailing Address

2. Principal Place of Business
7581 Canada Avenue

3. Mailing Address
5851 San Felipe

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 215

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

City & State
Houston, TX

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
32819

Country
Orange

Zip
77057

Country
Harris

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

Name

Robert W. Gilliam

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

7581 Canada Avenue

City

Orlando

FL

Zip Code
32819

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.

Robert W. Gilliam

February 23, 2000

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

mf 3/20/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Robert W. Gilliam
5851 San Felipe, Suite 215
Houston, TX 77057

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Lance McFaddin
5851 San Felipe, Suite 215
Houston, TX 77057

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
9000003177909-4
-03/21/00--01084--011
*****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 608, Florida Statutes.

SIGNATURE: Robert W. Gilliam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

February 23, 2000 713-781-7397

Date

Daytime Phone #

CR2E083 (1/199)