

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0022220
AF

DOCUMENT # M99000002100

1. Entity Name

ORDEVCO HOTEL, LLC

01 FEB -5 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2900 PARKWAY BOULEVARD
KISSIMMEE FL 33747

Mailing Address

2900 PARKWAY BOULEVARD
KISSIMMEE FL 33747



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

74-2937413

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

7. Name and Address of New Registered Agent

JOHNSON, LORAN A
215 NORTH EOLA DRIVE
ORLANDO FL 32802

Name

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

City

FL

Zip Code

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
STREET ADDRESS
CITY-ST-ZIP
MGR
SRIBANTYAN, KETHESPARAN
2900 PARKWAY BLVD.
KISSIMMEE FL 34747 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KINDL, SIEGBERT
2900 PARKWAY BLVD.
KISSIMMEE FL 34747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700003577577--6
-02/13/01--01098--014
*****50.00 *****50.00

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Signature SRIBANTHAN 1/25/01 (407) 396-7000

CR2E083 (11/00)