

SECOND NOTICE: CORPORATION IS DISSOLVED AND MUST REINSTATE. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 OCT 20 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N97000002935 (1)

1. Corporation Name

CAPITAL HOTEL & RESTAURANT GROUP AT SAND LAKE CO  
MMONS, INC.

Principal Place of Business

9350 TURKEY LAKE ROAD  
ORLANDO FL 32819

Mailing Address

9350 TURKEY LAKE ROAD  
ORLANDO FL 32819

3. Date Incorporated or Qualified

05/08/1997

4. FEI Number

62-1697102

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMSON, THOMAS C  
9350 TURKEY LAKE ROAD  
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

Richard A. Harrison

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

9350 Turkey Lake Road

84 City

Orlando

FL

85 Zip Code

32819

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered  
office or registered agent, both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered  
agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

*Richard A. Harrison*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/9/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D CROCKETT, KENNETH R  
STREET ADDRESS 2209 CENTURY DRIVE, SUITE 300  
CITY-ST-ZIP RALEIGH NC 27622

TITLE ☐ DELETE

NAME D COOK, DAVID A  
STREET ADDRESS 2209 CENTURY DRIVE, SUITE 300  
CITY-ST-ZIP RALEIGH NC 27622

TITLE ☐ DELETE

NAME D SEAY, PHILLIP R  
STREET ADDRESS 4310 SMOKEY ROAD  
CITY-ST-ZIP NEWNAN GA 30263

TITLE ☐ DELETE

NAME D SEAY, WILLIS B II  
STREET ADDRESS 1900 HIGHWAY 212  
CITY-ST-ZIP CONYERS GA 30208

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am  
an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears  
in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*David L. ...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/98 919-784-8000  
Date Daytime Phone #

CR2E037 (5/98)