## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## Mar 29, 1999 8:00 am § Secretary of State 03-29-1999 90036 048 \*\*\*\*61.25

**FILED** 

1999

## DOCUMENT # N97000002935

1. Corporation Name

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

Principal Place of Business

Mailing Address

9350 TURKEY LAKE ROAD ORLANDO FL 32819

9350 TURKEY LAKE ROAD ORLANDO FL 32819

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			· •						
Principal Place of Business     2a. Mailing Address				3. Date Incorporated or Qualifed	<del>- ,</del>				
21		26				05/08/1997		ļ	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			_	4. FEI Number		Applied For	
22		27				62-1697102		Not Applicable	
City & Stat	te	City & State			_	5 0 11 1 10 11 11 11	\$8.75	Additional	
23		28				5. Certifcate of Status Desired	Fee !	Required	
Zip	Country					6. Election Campaign Financing S5.00 May Be			
24	25	29	30			Trust Fund Contribution Added to Fees			
	9. Name and Address of Current	Registered Agent		81		10. Name and Address of New Registere	d Agent		
					Name			1	
HARRISON, RICHARD A				82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
	KEY LAKE ROAD			-	Substitutions (1.0. box (tallibor to 1.0.) company				
	) FL 32819			83		. ,			
VIII-III TO	. 1 320 10				City 85 Zip Code				
				84	City	F	L 85 Zi	, 000	
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Sta	atutes, the a	bove	-named corp	poration submits this statement for the purpose	of changing	its registered	
office or r	registered agent, or both, in the State of im familiar with, and accept the obligat	rf.F.loridaSuch.change.wa	is authorized	a by t	he corporati	on's board of directors. I hereby accept the app	ointment as	registered	
_	an laminal with, and accept the obligat	(Olio 01, Occilott 0 11 .0000,	1 101100 0101					į	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (N	IOTE: Registered	1 Agent	signature require	ed when reinstating) DATE			
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIREC		
TITLE	D	☐ DELETE	1,1 TI	ITLE			☐ Chang	e Addition	
NAME	CROCKETT, KENNETH R		1.2 N	AME					
STREET ADDRESS	ACCO OFFICION DOUG OLUTE COO			TREET	ADDRESS				
CITY-ST-ZIP	RALEIGH NC 27622		1.4 C	ITY-ST	-ZIP				
TITLE	D	☐ DELETE					☐ Change	e Addition	
NAME	COOK, DAVID A		2.2 N	AME		•			
STREET ADDRESS	ARREST TO THE PROPERTY OF THE PARTY OF THE P			TREET	ADDRESS		•	'	
CITY-ST-ZIP	RALEIGH NC 27622			CITY-ST					
TITLE	D	☐ DELETE			_		☐ Chang	e 🔲 Addition	
NAME	SEAY, PHILLIP R		3.2 N		1				
STREET ADDRESS	TOTAL OLIGINETY BOARD				ADDRESS				
CITY-ST-ZIP	NEWNAN GA 30263			CITY-ST					
TITLE	_	☐ DELETE			- 4011		Chang	e Addition	
NAME	SEAY, WILLIS B II	en ergn des Lee en la Eg	4.21	~		and the second s	್ ಅವಾರ್ನ್ನ	·	
· -	4000 THOUBANAN 040				ADDRESS			{	
STREET ADDRESS	CONYERS GA 30208			ITY-ST				Į.	
C/TY-ST-ZIP	CONTENU ON 30200	☐ DELETE			- 21		Chang	e Addition	
		_ 5	5.2 N						
NAME	· .				ADDRESS	•			
STREET ADDRESS			1	ITY-ST					
CITY-ST-ZIP TITLE		☐ DELETE					Chang	e Addition	
			6.2 N						
NAME	√ great test				ADDRESS			. [	
STREET ADDRESS	The group of the same	. 1	1						
CITY-ST-ZIP	10 0 4 24 100 100 100	• •	6.4 C	ITY-ST	-ZIP				

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, with all other like empowered.

**SIGNATURE** 

TWELSTAND REDUIS AD COOK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99 919.784-8000