

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 03, 2000 8:00 am  
Secretary of State

08-03-2000 90002 044 \*\*\*\*61.25

DOCUMENT # N97000002935

1. Entity Name

CAPITAL HOTEL & RESTAURANT GROUP AT SAND LAKE CO

Principal Place of Business

9350 TURKEY LAKE ROAD  
ORLANDO FL 32819

Mailing Address

9350 TURKEY LAKE ROAD  
ORLANDO FL 32819

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2209 Century Drive

Suite 400

Raleigh, NC

27612

USA

4. FEI Number

62-1697102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRISON, RICHARD A  
9350 TURKEY LAKE ROAD  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

Todd Bolick, General Manager

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

9350, Turkey Lake Road

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Todd Bolick*

7-24-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CROCKETT, KENNETH R	
STREET ADDRESS	2209 CENTURY DRIVE, SUITE 300	
CITY-ST-ZIP	RALEIGH NC 27622	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, DAVID A	
STREET ADDRESS	2209 CENTURY DRIVE, SUITE 300	
CITY-ST-ZIP	RALEIGH NC 27622	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEAY, PHILLIP R	
STREET ADDRESS	4310 SMOKEY ROAD	
CITY-ST-ZIP	NEWNAN GA 30263	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEAY, WILLIS B II	
STREET ADDRESS	1900 HIGHWAY 212	
CITY-ST-ZIP	CONYERS GA 30208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2626 Glenwood Ave., Suite 200
CITY-ST-ZIP	Raleigh, NC 27608
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2209 Century Drive, Suite 400
CITY-ST-ZIP	Raleigh NC 27612
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

7/20/00 919-784-8000