

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 24, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000002935****1. Entity Name****CAPITAL HOTEL & RESTAURANT GROUP AT SAND LAKE COMMONS, INC.****Principal Place of Business**

9350 TURKEY LAKE ROAD

ORLANDO

32819

FL

Mailing Address

2209 CENTURY DR

STE 400

RALEIGH

27612

NC

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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****7. Name and Address of New Registered Agent****BOLICK TODD**
9350 TURKEY LAKE ROAD

ORLANDO

32819

US

FL

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

08/24/2001

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25**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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEAY WILLIS BII		NAME		
STREET ADDRESS	1900 HIGHWAY 212		STREET ADDRESS		
CITY-ST-ZIP	CONYERS GA 30208		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SEAY PHILLIP R		NAME		
STREET ADDRESS	4310 SMOKEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEWNAN GA 30263		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK DAVID A		NAME		
STREET ADDRESS	2209 CENTURY DR, STE 400		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27612		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CROCKETT KENNETH R		NAME		
STREET ADDRESS	2626 GLENWOOD AVE, STE 200		STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC 27608		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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

D

08/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)