

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90034 050 ***61.25

DOCUMENT # N97000002935

1. Entity Name
**CAPITAL HOTEL & RESTAURANT GROUP AT SAND
LAKE COMMONS, INC.**



Principal Place of Business
**9350 TURKEY LAKE ROAD
C/O COMFORT SUITES
ORLANDO, FL 32819**

Mailing Address
**2626 GLENWOOD AVENUE
STE 225
RALEIGH, NC 27608**

50066151



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09072005 Chg-NP CR2E037 (10/03)

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

**COMFORT SUITES HOTEL
9350 TURKEY LAKE ROAD
ATTN: GENERAL MANAGER
ORLANDO, FL 32819**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D CROCKETT, KENNETH R
2626 GLENWOOD AVE, STE 200
RALEIGH, NC 27608** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D COOK, DAVID A
2626 GLENWOOD AVE, STE 225
RALEIGH, NC 27608** ☒ Delete

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth R. Crockett

Date

Daytime Phone #

5/7/05 (519) 510-40