

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

09 JUN 22 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 323
06/23/09--01002--005 **297.50



500157561125

05152009 REIN-NP CR2E099 (1/07)

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

2. Principal Place of Business - No P.O. Box #
2901 Butterfield Road

3. Mailing Address
2901 Butterfield Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Oak Brook, Illinois

City & State
Oak Brook, Illinois

4. FEI Number
62-1697102

Applied For
Not Applicable

Zip
60523-1106

Country
DuPage

Zip
60523-1106

Country
DuPage

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
c/o CT Corporation
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City
Plantation FL Zip Code
33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent 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)

Chris McNear
Assistant Secretary 6/22/09

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE D ☒ Delete
NAME SEAY, PHILLIP R
STREET ADDRESS 4310 SMOKEY ROAD
CITY-STATE-ZIP NEWNAN, GA 30263

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director/President ☐ Change ☒ Addition
NAME Marcel Verbaas, 200 S. Orange Ave.,
STREET ADDRESS #1200, Orlando, Florida 32801
CITY-STATE-ZIP

TITLE Secretary ☐ Change ☒ Addition
NAME Scott W. Wilton, 2901 Butterfield Rd.
STREET ADDRESS Oak Brook, IL 60523-1106
CITY-STATE-ZIP

TITLE Dir. Sr. V.P. Craig E. Lambert ☐ Change ☒ Addition
NAME 200 S. Orange Ave., #1200
STREET ADDRESS Orlando, Florida 32801
CITY-STATE-ZIP

TITLE Dir./Dr. Robert Posniak ☐ Change ☒ Addition
NAME 9350 Turkey Lake Road
STREET ADDRESS Orlando, Florida 32801
CITY-STATE-ZIP

TITLE Dir./Dr. Stephen Bravo ☐ Change ☒ Addition
NAME 200 S. Orange Ave., #1200
STREET ADDRESS Orlando, Florida 32801
CITY-STATE-ZIP

TITLE Treasurer, Lori J. Foust ☐ Change ☒ Addition
NAME 2901 Butterfield Road
STREET ADDRESS Oak Brook, IL 60523-1106
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Scott W. Wilton, Secretary

630-218-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #