## 2000 UNIFORM BUSINESS REPORT (UBR)

## 5/1 **FILED** DOCUMENT # N9700003222 Jun 27, 2000 8:00 am Secretary of State 1. Entity Name HOTEL HUMAN RESOURCES ASSOCIATION OF CENTRAL FLO 05-18-2000 90329 013 \*\*\*\*61.25 Principal Place of Business Mailing Address HOLIDAY INN HOTEL & SUITES MAIN GATE EAST HOUDAY INN HOTEL & SUITES MAIN GATE EAST % LIZ NORFOLK. 5678 W IRLO BRONSON MEN HWY % LIZ NORFOLK, 5678 W IRLO BRONSON MEM HWY KISSIMMEE FL 34748 KISSIMMEE FL 34746 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3449556 Not Applicable Country \$8.75. Additional Zip Ζiρ Country 5.-Certificate of Status Desired -- - - ? 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DETZEL CHRISTOPHER A ESQ 540 EAST HORATIO AVENUE #202 MAITLAND FL 32794-1030 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS X 11. 10. X Addition TITLE X Delete TITLE NAME DONNA SMITHBURGER NAME PERAKES, JEAN 14300 INTERNATIONAL DRIVE 8101 World CH DOUBLETREE GUEST SUITES RESORTS STREET ADDRESS STREET ADDRESS Drive CITY-ST-ZIP ORLANDO, FL 32921 CITY-ST-7IF ORLANDO FL 32821 X Addition ☐ Change (I-v)TITLE 2 Delete TITLE PATRÍCIA ARIDA 8101 world Cha NAME NAME ADAMKIEWICZ, JOANN 14300 INTERNATIONAL DRIVE STREET ADDRESS STREET ADDRESS WYADAM\_SAFARI CITY-ST-ZIF ORLANDO, FL 32921 CITY ST-ZIP ORLANDO FL 32821 X Addition ☐ Change s - 1Delete TITLE TITLE NAME PATRICIA HAWKINS CHAMBERS, SUZANNE NAME 1751\_HOTEL\_PLAZA\_BLVD. STREET ADDRESS STREET ADORESS ORLANDO-MARRIOTT-INTERNATIONAL-DRIVE CITY-ST-7IP LAKE BUENA VISTA, FL 32830 CITY-ST-ZYP ORLANDO FL X Addition Change Q - TTITLE (XX) Delete TITLE

**ORLAND FL 32819** 12. Thereby 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of the receiver of the corporation of the receiver of th changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

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NAME

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STREET ADDRESS

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CITY-ST-ZIP

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PETTUS, ROSA CHRE

THE PEABODY HOTEL

ADAMS MARK HOTEL

ORLANDO FL 32809

KIMBERLY, JONNI

TAMAR'INNS

Orlando Fl

NESTERUK, TOM

SCHAEVON MILLER

ORLANDO, FL 32822

7499 AUGUSTA NATIONAL DRIVE

☐ Change

☐ Change

☐ Addition

Addition