

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90006 031 \*\*\*\*61.25

**DOCUMENT # N97000003222**

1. Entity Name

**HOTEL HUMAN RESOURCES ASSOCIATION OF CENTRAL FLO**

Principal Place of Business

5678 W IRLO BRONSON MEM HWY  
 KISSIMMEE FL 34746

Mailing Address

5678 W IRLO BRONSON MEM HWY  
 KISSIMMEE FL 34746

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

**59-3449556**

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

**DETZEL, CHRISTOPHER A ESQ**  
**540 EAST HORATIO AVENUE #202**  
**MAITLAND FL 32794-1030**

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

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

(NOTE: Registered Agent signature required when reinstating)

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	P	<input checked="" type="checkbox"/> Delete
NAME	PERAKES, JEAN	
STREET ADDRESS	DOUBLETREE GUEST SUITES RESORTS	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ADAMKIEWICZ, JOANN	
STREET ADDRESS	WYADAM SAFARI	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAMBERS, SUZANNE	
STREET ADDRESS	ORLANDO MARRIOTT INTERNATIONAL DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETTUS, ROSA CHRE	
STREET ADDRESS	THE PEABODY HOTEL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	NESTERUK, TOM	
STREET ADDRESS	ADAMS MARK HOTEL	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KIMBERLY, JONNI	
STREET ADDRESS	TAMAR INNS	
CITY-ST-ZIP	ORLAND FL 32819	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARON, TOM	
STREET ADDRESS	7769 WEST US 192	
CITY-ST-ZIP	KISSIMMEE, FL 34747	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITHBURGER, DONNA	
STREET ADDRESS	8101-WORLD-CENTER-DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32821	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, SCHAEVON	
STREET ADDRESS	7499 AUGUSTA NATIONAL DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR-SOLTES, JULIE	
STREET ADDRESS	5715 MAJOR BLVD.	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKS-SECREST, MARY	
STREET ADDRESS	5678 IRLO BRONSON HWY	
CITY-ST-ZIP	KISSIMMEE, FL 34746	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTOLETTA, JIM	
STREET ADDRESS	1751 HOTEL PLAZA BLVD.	
CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830	

CR2E037 (10/00)

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: *Donna Smithberger* Donna Smithberger 5/24/01 407-238-8499