

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90188 006 \*\*\*\*61.25

**DOCUMENT # N97000003222**

1. Entity Name

**HOTEL HUMAN RESOURCES ASSOCIATION OF CENTRAL FLO  
RIDA, INC.**



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



☐ CHECK HERE IF MAKING CHANGES

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. 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

**FILE NOW: FEE IS \$61.25**

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 **P** ☐ Delete  
NAME **BARON, TOM**  
STREET ADDRESS **7769 WEST US 192**  
CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE **VP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Delete  
NAME **SMITHBURGER, DONNA**  
STREET ADDRESS **8101 WORLD CENTER DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32821**

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

TITLE **T** ☒ Delete  
NAME **MILLER, SCHAEVON**  
STREET ADDRESS **7499 AUGUSTA NATIONAL DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32822**

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

TITLE **S** ☐ Delete  
NAME **HAVARD, MARK**  
STREET ADDRESS **6375 W IRLO BRONSON HWY**  
CITY-ST-ZIP **KISSIMMEE FL 34747**

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MARKS-SECREST, MARY**  
STREET ADDRESS **5678 IRLO BRONSON HWY**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **T** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BARTOLETTA, JIM**  
STREET ADDRESS **1751 HOTEL PLAZA BLVD**  
CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

TITLE **S** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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:

**SIGNATURE REQUIRED**

**2/18/03**

CR2E037 (10/02)