

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006856

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90301 010 \*\*\*\*61.25

1. Entity Name  
**HOTEL PLAZA ASSOCIATION, INC.**

Principal Place of Business 1905 HOTEL PLAZA BLVD. LAKE BUENA VISTA FL 32830	Mailing Address P.O. BOX 22041 LAKE BUENA VISTA FL 32830-2041
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>59-3483032</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent  
**ROBBINS, LOUIS J**  
**2305 HOTEL PLAZA BLVD**  
**LAKE BUENA VISTA FL 32830**

7. Name and Address of New Registered Agent  
 Name **Philip V. Wright**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2000 Hotel Plaza Blvd.**  
 City **Lake Buena Vista** **FL** Zip Code **32830**

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 **Philip V. Wright** DATE **4/28/00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>SHAFEI, SAMIR A</b> <b>1751 HOTEL PLAZA BLVD.</b> <b>LAKE BUENA VISTA FL 32830</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ROBBINS, LOUIS J</b> <b>2305 HOTEL PLAZA BLVD.</b> <b>LAKE BUENA VISTA FL 32830</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GOSS, JIM</b> <b>1800 HOTEL PLAZA BLVD</b> <b>LAKE BUENA VISTA FL 32830</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WRIGHT, PHILIP V</b> <b>2000 HOTEL PLAZA BLVD.</b> <b>LAKE BUENA VISTA FL 32830</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>AYCOCK, GLENN</b> <b>1805 HOTEL PLAZA BLVD.</b> <b>LAKE BUENA VISTA FL 32830</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>LOUIS ROBBINS</b> <b>2305 Hotel Plaza Blvd</b> <b>Lake Buena Vista, FL 32830</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Goss, Jim</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Wright, Philip V.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>Aycock, Glenn</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>Greg Havenstein</b> <b>1900 Buena Vista Drive</b> <b>Lake Buena Vista, FL 32830</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: **Philip V. Wright** DATE **4/28/00** (407) **828-2424**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)