

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

DUK/RS1

05-17-2001 91357 023 ****61.25

DOCUMENT # N97000006856
 1. Entity Name
HOTEL PLAZA ASSOCIATION, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1800 Hotel Plaza Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lake Buena Vista, FL
 Zip Country Zip Country
32830

4. FEI Number Applied For
59-3483032 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WRIGHT, PHILIP V
2000 HOTEL PLAZA BLVD
LAKE BUENA VISTA FL 32830

7. Name and Address of New Registered Agent
 Name **Jim Goss**
 Street Address (P.O. Box Number is Not Acceptable)
1800 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 **Jim Goss, President** DATE **5/1/01**
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	CD ROBBINS, LOUIS J 2305 HOTEL PLAZA BLVD. LAKE BUENA VISTA FL 32830 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOSS, JIM 1800 HOTEL PLAZA BLVD LAKE BUENA VISTA FL 32830 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, PHILIP V 2000 HOTEL PLAZA BLVD. LAKE BUENA VISTA FL 32830 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AYCOCK, GLENN 1805 HOTEL PLAZA BLVD. LAKE BUENA VISTA FL 32830 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAVENSTEIN, GREG 1900 BUENA VISTA DR LAKE BUENA VISTA FL 32830 <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	SD mark clossey 1905 Hotel Plaza Blvd Lake Buena Vista, FL 32830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 all other like empowered.

SIGNATURE **SIGNATURE RESUME, President** DATE **5/1/01** TELEPHONE **(407) 827-6535**

CR2E037 (10/00)