

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

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

02-24-2003 90223 010 ****61.25

DOCUMENT # N97000006856

1. Entity Name

HOTEL PLAZA ASSOCIATION, INC.



Principal Place of Business

**1800 HOTEL PLAZA BLVD.
LAKE BUENA VISTA FL 32830**

Mailing Address

**P.O. BOX 22041
LAKE BUENA VISTA FL 32830**

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 **59-3483032**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**AYCOCK, GLENN
1805 HOTEL PLAZA BLVD
LAKE BUENA VISTA FL 32830**

7. Name and Address of New Registered Agent

Name **Greg Havenstein**

Street Address (P.O. Box Number is Not Acceptable)

1900 Buena Vista Dr.

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. 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

TITLE	TD	<input type="checkbox"/> Delete
NAME	CLOSSEY, MARK	
STREET ADDRESS	1905 HOTEL PLAZA BLVD	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GOSS, JIM	
STREET ADDRESS	1800 HOTEL PLAZA BLVD	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	
TITLE	PD	<input type="checkbox"/> Delete
NAME	AYCOCK, GLENN	
STREET ADDRESS	1805 HOTEL PLAZA BLVD.	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAVENSTEIN, GREG	
STREET ADDRESS	1900 BUENA VISTA DR	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greg Havenstein	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Grosso	
STREET ADDRESS	1751 Hotel Plaza Blvd	
CITY-ST-ZIP	Lake Buena Vista, FL 32830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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:

RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR