2003	FOR	PROFIT C	CORPORAT	ΓΙΟΝ
UNIFOR	RM B	USINESS	REPORT	(UBR)

SIGNATURE:

DOCUMENT # P02000129792 1. Entity Name HOTEL FUNDING GROUP, INC.						FILED 03 APR 23 PH 3: 12	AT	
Principal Place of Business 5625 MAJOR BLVD SUITE 108 ORLANDO FL 32819		Mailing Address 5625 MAJOR BLVD SU ORLANDO FL 32819	5625 MAJOR BLVD SUITE 108			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 5625 MAJOL BLV		3. Mailing Address 5625 MK	3. Mailing Address ADV BLV			I HODINGON NI OBING UNDIK BURIK BURIK DOKUL KUNTU NIKAD URIK NODIR NAKIO (NAK NODIR		
Suite, Apt. # jetc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	-	
ORY ANDO FL		O12 State ND	OTZIANDO PL		4.	4. FEI Number 50 7537 Applied For Not Applicable		
^{Zip} 28	19 215A	Zip32819	Carri	5A		Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Curre	nt Registered Agent		Name	را م <u>را</u>	Name and Address of New Registered Agent	ł	
JEFFCOA'		· •	ŀ	Street Address	PQ.F	So Number is Not Acceptable SU 17 104		
	OR BLVD SUITE . 108 164 FL 32819			3623	<u> </u>	08)		
OTENIDO	7 L 32013		Ī	City (OD)	41	AD FL Ziprégulo 2019		
8. The above the obligat	named entity submits this statement tions of registered agent.	Draft-		d office or regist		ent, or both, in the State of Florida. I am familiar with, and accept		
Afte	LE NOW!!! FEE/IS 5150.00 r Moy 1, 2003 Fee will be \$550.0 k Payable to Florida Department					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.		ND DIRECTORS	11.	10	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFCOAT, JACK 5625 MAJOR BLVD SUITE 108 ORLANDO FL 32819	☐ Delete	1	T ADDRESS ST-ZIP	NY	NE PERBER MADE BLY SUJJE 104 104 104 104 104 104 104 104	CR2E034 (10/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	T ADDRESS	25	TESTERS Change Addition TESTERS BLV NDO, FL 32819	CR2	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME		170	Change		
CITY-ST-ZIP				ST-ZIP		05/07/0301082024 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREE CITY-5	T ADDRESS		Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-5	T ADDRESS		Shange Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP		Change Addition		
12. I hereby of indicated of the corchanged,	pertify that the information supplied we on this report or supplemental report poration or the receiver or trustee emoration or the receiver or trustee emoration or an attachment with an expression or on an attachment with a supplied w	ith this filing does not qualify t in true and accurate and the powered to execute this rep s, with all other like empower	for the exemat my signatuort as required.	nption stated in Sure shall have the ed by Chapter 60	ection same l 7, Flori	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director da Statutes; and that my name appears in Block 10 or Block 11 if		