

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0002896 AT

DOCUMENT # P02000129792

1. Entity Name
HOTEL FUNDING GROUP, INC.



FILED

03 APR 23 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5625 MAJOR BLVD SUITE 108
ORLANDO FL 32819

Mailing Address
5625 MAJOR BLVD SUITE 108
ORLANDO FL 32819

2. Principal Place of Business
5625 MAJOR BLV
Suite, Apt. #, etc. 104

3. Mailing Address
5625 MAJOR BLV
Suite, Apt. #, etc. 104

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32819

Country
USA

4. FEI Number
03 050 7537

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
JEFFCOAT, JACK
5625 MAJOR BLVD SUITE 108
ORLANDO FL 32819

7. Name and Address of New Registered Agent
Name JACK JEFFCOAT
Street Address (P.O. Box Number is Not Acceptable)
5625 MAJOR BLVD SUITE 104
* (NOT 108)
City ORLANDO FL Zip Code 32819

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 DATE 3/25/03

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFCOAT, JACK	
STREET ADDRESS	5625 MAJOR BLVD SUITE 108	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 11

TITLE	PRESIDENT / TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE P. GRUBER	
STREET ADDRESS	5625 MAJOR BLVD SUITE 104	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VIC PRES / SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK JEFFCOAT	
STREET ADDRESS	5625 MAJOR BLV	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		<input 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		

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05/07/03--01082--024 ***150.00

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 607, 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: DATE 3/25/03 407-313-7748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)