


FILED

03 AUG 14 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amended.*  
**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000129792			
1. Entity Name <b>HOTEL FUNDING GROUP, INC.</b>			
Principal Place of Business 5625 MAJOR BLVD., STE. 104 ORLANDO, FL 32819		Mailing Address 5625 MAJOR BLVD., STE. 104 ORLANDO, FL 32819	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JEFFCOAT, JACK 5625 MAJOR BLVD., STE. 104 ORLANDO, FL 32819		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when restructuring) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRUBER, WAYNE P 5625 MAJOR BLVD., STE. 104 ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.T.D. JACK JEFFCOAT 5625 MAJOR BLVD STE 104 ORLANDO FL. 32819 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD JEFFCOAT, JACK 5625 MAJOR BLVD. ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>JEFFCOAT, JACK 5625 MAJOR BLVD STE 104 ORLANDO FL. 32819</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(1), 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 employment.			
SIGNATURE: <i>Jack Jeffcoat</i> JACK JEFFCOAT		8/12/03 407 313 7798 Date	



400022481404  
08/21/03--01052--023 \*\*61.25

CHECK HERE IF MAKING CHANGES  
Applied For Not Applicable  
Certificate of Status Desired  \$8.75 Additional Fee Required

CHREC034 (11/02)

*2004*