

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087615

1. Entity Name
BWWD HOTEL II, INC.

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90113 039 ***150.00

Principal Place of Business

Mailing Address

800 TRAFALGAR COURT
SUITE 200
MAITLAND FL 32751
US

800 TRAFALGAR COURT
SUITE 200
MAITLAND FL 32751
US

00061012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3219939

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name GARY E. BROWN

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

800 TRAFALGAR COURT, #200

City MAITLAND

FL

Zip Code 32751

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD
NAME BROWN, GARY E
STREET ADDRESS 800 TRAFALGAR COURT, #200
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME VON WELLER, HAROLD J
STREET ADDRESS 800 TRAFALGAR COURT, #200
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME DAVIS, STEVEN S
STREET ADDRESS 800 TRAFALGAR COURT, #200
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)