## 2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

TITLE

NAME

TITLE NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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 anadoress with all other like empowered.

CITY-ST-ZIP

NAME

TITLE

NAME

CITY-ST-ZIP

Delete

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INTED NAME OF SIGNING OFFICER OR DIRECTOR

Name

City

## DOCUMENT # **P95000007702** ALL FLORIDA HOTEL MOTEL BROKER CO. rincipal Place of Business Mailing Address 600 THACKER AVE THACKER AVE SHITE D32 KISSIMMEE FL 34741-4808

Principal Place of Business

ARDIZONE, JOHN J JR.

600 THACKER AVE.\_

KISSIMMEE FL 34741

9. This corporation is eligible to satisfy its Intangible

ARDIZONE, JOHN J

KISSIMMEE FL 34741

600 THACKER AVE SUTIE D32

Tax filing requirement and elects to do so.

SUITE D32

(See criteria on back)

**PVST** 

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

THILE

NAME

HILLE

HILLE

NAME

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ANDRESS CITY ST ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CITY-ST-7IF

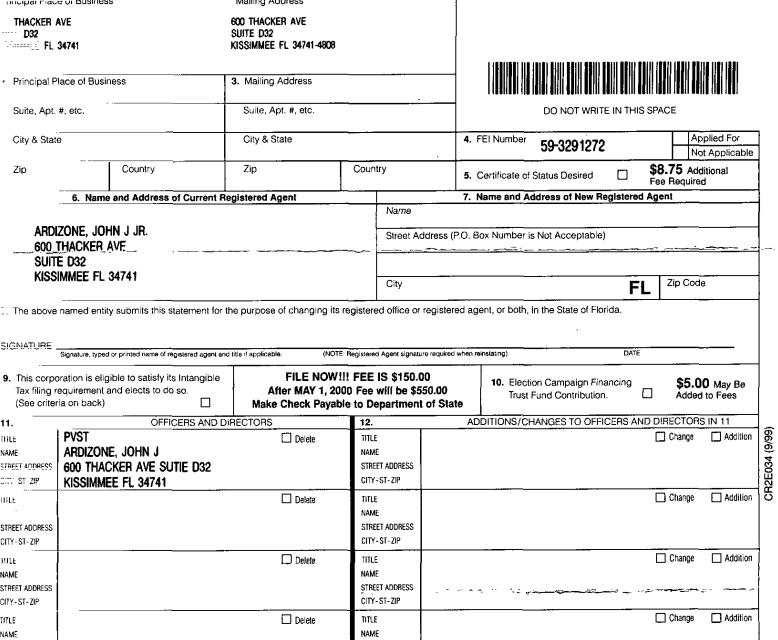
CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

## **FILED** May 10, 2000 8:00 am Secretary of State

05-10-2000 90093 050 \*\*\*150.00



Change

☐ Change

Addition

☐ Addition