2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2000 8:00 am Secretary of State DOCUMENT # **P95000039847** INTERLINK HOSPITALITY INVESTMENTS, INC. 05-12-2000 90080 009 ***150.00 Mailing Address Principal Place of Business SUNTRUST PLAZA SUNTRUST PLAZA 3363 W. US HIGHWAY 192, SUITE 205 3363 W. US HIGHWAY 192, SUITE 205 KISSIMMEE FL 34741-4665 KISSIMMEE FL 34741 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3311987 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jamés P. Ince SUNTRUST PLAZA Street Address (P.O. Box Number is Not Acceptable) 3363 West U.S. Highway 3363 W US HIGHWAY 192 **STE 205** Suite 205 KISSIMMEE FL 34741 Zip Code 34741 City FL Kissimmee, 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE NAME NAME INCE, JAMES P STREET ADDRESS SUNTRUST PLAZA, 3363 US HWY 192 STE 205 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34741 ■ Addition ☐ Delete Change TITI F NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

NAME

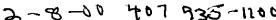
STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



☐ Delete



☐ Addition

Change