

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027570

1. Entity Name

GANESH HOSPITALITY, INC.

FILED

Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90006 048 \*\*\*150.00

0004000



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5618 VINELAND RD ORLANDO FL 32819		Mailing Address 5618 VINELAND RD ORLANDO FL 32819-7827 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3380488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PATEL, ARVIND  
5618 VINELAND RD  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name Mullen, Steve
Street Address (P.O. Box Number is Not Acceptable) 5618 Vineland Rd.
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.

SIGNATURE Steve Mullen (NOTE: Registered Agent signature required when reinstating) DATE 2.17.00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP D PATEL, ARVIND 4872 CYPRESS WOODS DRIVE, APT 321 ORLANDO FL 32811 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P Mullen, Steve 2055 Wood St. Suite 208 Sarasota, FL. 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP D JITENDRA, PATEL 4872 CYPRESS WOODS DR., APT. 321 ORLANDO FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 #

2.17.00 (941) 364-9570

CR2E034 (9/99)