2000 UNIFORM BUSINESS REPORT, (UBR) FILED Jul 26, 2000 8:00 am Secretary of State DOCUMENT # P96000059960 1. Entity Name CLERMONT HOSPITALITY, INC. 07-26-2000 90014 028 ***550.00 Principal Place of Business Mailing Address 2992 W INT'L SPEEDWAY BLVD 2992-W INT'L SPEEDWAY BLVD DAYTONA-BCH_FL_32114 DAYTONA BCH FL 32114 2. Principal Place of Business 1810 South 3. Mailing Address 281 South Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Ant. #, etc. City & State Applied For City & State 4. FEI Number 59-3435717 Beach Not Applicable lermo Ormand Country \$8.75 Additional 5. Certificate of Status Desired US A 32176 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent raran LIGHTSEY, ALTON L Street Address (P.O. Box Number is Not Acceptable) 255 SOUTH ORANGE AVE. **SUITE 1600** ORLANDO FL 32801 Zip Code 3 2/76 8. The above named office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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. ☐ Delete TITLE TITLE NAME NAME NARAN, ISHWAR 5 STREET ADDRESS STREET ADDRESS 281 S ATLANTIC AVE CITY-ST-ZIP CITY-ST-7IP **ORMOND BEACH FL 32176** Robert Wade Change Addition TITLE TITLE Delete 1363 Lakeshore Dr NAME NAME BHOOLA, MOHAN STREET ADDRESS STREET ADDRESS 281 S ATLANTIC AVE Clermont. CITY-ST-7IP CITY-ST-ZIP **ORMOND BEACH FL 32176** TITLE ---TITLE Delete Change NAME PATEL, MANILAL R NAME 2992 W INTERNATIONAL SPEEDWAY BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH FL 32114 ☐ Delete TITLE ☐ Change Addition NAME PATEL, KISHOR NAME STREET ADDRESS STREET ADDRESS 2992 W INTERNATIONAL SPEEDWAY BLVD CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH FL 32114 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP