

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90120 037 ***150.00

DOCUMENT # P96000059960

1. Entity Name

Clermont Hospitality, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1810 S Hwy 27

3. Mailing Address

930 N Atlantic Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clermont FL

City & State

Daytona Beach, FL

4. FEI Number

59-3435717

Applied For

Not Applicable

Zip

Country

34711

USA

Zip

Country

32118

US

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Naran, Ishwar

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

930 N Atlantic Ave

City

Daytona Beach

FL

Zip Code

32118

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<i>T</i>	TITLE	
NAME	<i>Naran, Ishwar</i>	NAME	
STREET ADDRESS	<i>930 N Atlantic Ave</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Daytona Beach, FL 32118</i>	CITY-ST-ZIP	
TITLE	<i>P</i>	TITLE	
NAME	<i>Patel, Manilal R</i>	NAME	
STREET ADDRESS	<i>2992 W International Speedway Blvd</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Daytona Beach, FL 32114</i>	CITY-ST-ZIP	
TITLE	<i>S</i>	TITLE	
NAME	<i>Patel, Kishor</i>	NAME	
STREET ADDRESS	<i>2992 W International Speedway Blvd</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Daytona Beach, FL 32114</i>	CITY-ST-ZIP	
TITLE	<i>D</i>	TITLE	
NAME	<i>Wade, Robert</i>	NAME	
STREET ADDRESS	<i>1363 Lakeshore Blvd</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Clermont, FL 34711</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE: *Ishwar Naran* *Ishwar Naran*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

386-677-8882

Daytime Phone #