

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062398

1. Entity Name

SHEREEN HOTELS, INC.

**FILED**  
May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90118 027 \*\*\*150.00

Principal Place of Business

Mailing Address

W. IRLO BRONSON  
FL 34746

2261 E. IRLO AVE  
KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KISSIMMEE FL

Zip

Country

Zip

Country

347 44 OSCOLA

4. FEI Number

59-3497587

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROWELL, PATRICK C  
320 N MAGNOLIA AVE, SUITE B-9  
ORLANDO FL 32801

Name

Russell W Divine

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

24 South Orange Avenue

City

Orlando

FL

Zip Code

32801

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)

☐

**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.

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**\$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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	CROWELL, PATRICK C	320 N MAGNOLIA AVE, SUITE B-9 ORLANDO FL 32801				
	P	KASSAM, ISSA	9171 RIDGE PINE TRAIL ORLANDO FL 32819			9045 EAST GRLING DRIVE ORLANDO, FL 32819	

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

4/24/00

Date

407-846-2221

Daytime Phone #

CR2E034 (9/99)