

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064586

1. Entity Name

PONCE DE LEON HOTELS OF ORLANDO, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90226 038 ***150.00

Principal Place of Business

Mailing Address

6649 WESTWOOD BOULEVARD #130
ORLANDO FL 32821

6649 WESTWOOD BOULEVARD #130
ORLANDO FL 32821-6006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7380 Sand Lake Road
Suite, Apt. #, etc.
Suite 120

City & State
Orlando, FL

Zip
32819

Country
USA

3. Mailing Address

7380 Sand Lake Road
Suite, Apt. #, etc.
Suite 120

City & State
Orlando, FL

Zip
32819

Country
USA

4. FEI Number

59-3464118

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD
NAME KESSLER, RICHARD C
STREET ADDRESS 6649 WESTWOOD BOULEVARD #130
CITY-ST-ZIP ORLANDO FL 32821

☐ Delete

TITLE V
NAME MITCHELL, ROBERT C
STREET ADDRESS 6649 WESTWOOD BOULEVARD #130
CITY-ST-ZIP ORLANDO FL 32821

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 7380 Sand Lake Road Suite 120
CITY-ST-ZIP Orlando, FL 32819

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

4/27/00
Date

407-996-9989
Daytime Phone #

CR2E034 (9/99)