

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073624

1. Entity Name

LANDSTREET HOTEL CORP.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90111 018 ***150.00

Principal Place of Business Mailing Address
TOLLMAN-HUNDLEY HOTELS, 1886 RTE. 52 TOLLMAN-HUNDLEY HOTELS, 1886 RTE. 52
HOPEWELL JUNCTION NY 12533 HOPEWELL JUNCTION NY 12533

00013340

2. Principal Place of Business 3. Mailing Address
2424 Route 52 2424 Route 52
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Hopewell Jct NY Hopewell Jct NY
Zip 12533 Country USA Zip 12533 Country USA

4. FEI Number 59-3464417 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> Delete
NAME	TOLLMAN, GAVIN B	
STREET ADDRESS	TOLLMAN-HUNDLEY HOTELS, 1886 RTE. 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	
TITLE	VT	<input type="checkbox"/> Delete
NAME	STEENHUISEN, ROBERT	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOLLMAN, BRETT G	
STREET ADDRESS	TOLLMAN-HUNDLEY HOTELS, 1886 RTE. 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PLEMMONS, JOLEE	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

CR2E034 (9/99)