

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90212 044 \*\*\*158.75

**DOCUMENT # P97000091652**

1. Entity Name  
**HOSPITALITY SOFTWARE DEVELOPERS, INC.**

Principal Place of Business <b>5422 CARRIER DRIVE          SUITE 102          ORLANDO FL 32819          US</b>	Mailing Address <b>7380 SAND LAKE ROAD          SUITE 600          ORLANDO FL 32819          US</b>
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2. Principal Place of Business <b>7380 Sand Lake Road</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite 600</b>	Suite, Apt. #, etc.
City & State <b>Orlando FL</b>	City & State



DO NOT WRITE IN THIS SPACE

Zip <b>32819</b>	Country <b>USA</b>	Zip	Country
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4. FEI Number <b>59-3474877</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS ST.  
 TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HECKMAN, JOEL W</b> <b>8517 SUGAR PALM CT.</b> <b>ORLANDO FL 32835</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BRUCE COLLELO</b> <b>7380 SAND LAKE RD, STE 600</b> <b>ORLANDO, FL 32819</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Bruce Collelo **Bruce Collelo, President** **407-226-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)