## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P97000100622** May 16, 2000 8:00 am Secretary of State ROBERTS HOTEL INTERESTS, INC. 05-16-2000 90099 040 \*\*\*150.00 Mailing Address Principal Place of Business 450 EAST LAS OLAS BLVD 450 EAST LAS OLAS BLVD STE 1400 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301-4206 3. Mailing Address 2. Principal Place of Business 2 Harborage Isle 2 Harborage Isle DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0802438 Not Applicable Ft. Lauderdale, FL Ft. Lauderdale, FL Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33316 33316 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STIRK, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 3231 NW 108th Drive 450 EAST LAS OLAS BLVD STE 1400 FORT LAUDERDALE FL 33301 Zip Code 33065 Coral Springs 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE ROBERTS, PETER H NAME NAME 2 Harborage Isle STREET ADDRESS 450 E LAS OLAS BLVD STE 1400 STREET ADDRESS Ft. Lauderdale, FL 33316 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE' Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appropried 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 addr With all other like empowered 4027-04 SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR