

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 31, 2002 8:00 am
Secretary of State

07-31-2002 90094 004 ***550.00

DOCUMENT # **PA80000023908**
1. Entity Name
SITA RESORTS, INC. ✓

DO NOT WRITE IN THIS SPACE

B0133147

2. Principal Place of Business
8134 INTERNATIONAL DR.
Suite, Apt. #, etc.

3. Mailing Address
1733 CONNECTICUT AVE, NW
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL
Zip
32819
Country
USA

City & State
WASHINGTON, DC
Zip
20009
Country
USA

4. FEI Number
59-3500785
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

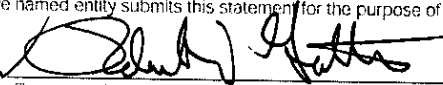
Name
ROBERT D. GATTON

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

BROAD CASSEL
390 NORTH ORANGE AVE, SUITE 1100

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.

7/30/02
DATE

(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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT & SECRETARY & DIRECTOR
W. THOMAS FLEMING
1733 CONNECTICUT AVE, NW
WASHINGTON, DC 20009

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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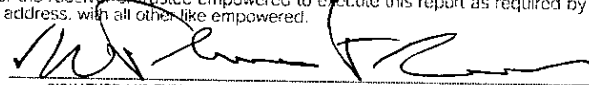
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

202-588-7500
Area Daytime Phone #

CR2E034B (12/01)



390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO, FLORIDA 32801
P.O. BOX 4961 (32802-4961)
TELEPHONE: 407.839.4200
FACSIMILE: 407.425.8377
www.broadandcassel.com

#P98000023908

NANCY J. HAARMANN
EMAIL: nhaarman@broadandcassel.com

July 30, 2002

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
Corporate Filings
409 East Gaines Street
Tallahassee, Florida 32399

RE: Ganesh Hospitality, Inc.

Dear Sir or Madam:

Enclosed please find an original For Profit Corporation Uniform Business Report (UBR) for Ganesh Hospitality, Inc., together with a check in the amount of \$550.00, to be filed with the Department of State.

If you have any questions, please feel free to call me.

Very truly yours,

Nancy
Nancy J. Haarmann
Paralegal

Enclosure