

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060225

1. Entity Name

DISCOUNT HOTELS AMERICA, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90060 003 \*\*\*150.00

Principal Place of Business

6813 W. COLONIAL DR  
ORLANDO FL 32818

Mailing Address

11673 JUREANE DR.  
ORLANDO FL 32836-6120

2. Principal Place of Business

3. Mailing Address

6813 W. Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando

4. FEI Number

59-3520974

Applied For

Not Applicable

Zip

Country

Zip

Country

32818

USA

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

WINSTON, CHRISTINA S  
11673 JUREANE DR.  
ORLANDO FL 32836

Name Christina S. Winston

Street Address (P.O. Box Number is Not Acceptable)  
6813 W. Colonial Dr.

City Orlando

FL

Zip Code 32818

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

Christina S. Winston

03/09/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME WINSTON, ARTHUR  
STREET ADDRESS 11673 JUREANE DR.  
CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6813 W. Colonial Dr.  
CITY-ST-ZIP Orlando, FL 32818

TITLE STD  
NAME WINSTON, CHRISTINA S  
STREET ADDRESS 11673 JUREANE DR.  
CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6813 W. Colonial Dr.  
CITY-ST-ZIP Orlando, FL 32818

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Arthur Winston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/00

407-294-9600

CR2E034 (9/99)