

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074018

1. Entity Name  
HOSPITALITY ADVISORS, INC.

FILED

May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90052 050 \*\*\*150.00

Principal Place of Business 218 ARADIN TERRACE CELEBRATION FL 34747	Mailing Address 218 ARADIN TERRACE CELEBRATION FL 34747
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2. Principal Place of Business 320 Charleston Place Suite, Apt. #, etc.	3. Mailing Address 320 Charleston Place Suite, Apt. #, etc.
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City & State Celebration, FL	City & State Celebration, FL
Zip 34747	Zip 34747
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent INFANTE, RODNEY E 218 ARADIN TERRACE CELEBRATION FL 34747	7. Name and Address of New Registered Agent Name Infante, Rodney E Street Address (P.O. Box Number is Not Acceptable) 320 Charleston Place City Celebration, FL Zip Code 34747
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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 4/22/01
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INFANTE, RODNEY E 218 ACADIA TERRACE CELEBRATION FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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:	Date 4/22/01	Daytime Phone # (407) 973-3205
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CR2E034 (10/00)