

2000 UNIFORM BUSINESS REPORT (UBR)

4/2/2000 000000 018 018 018 018 018 018

DOCUMENT # P99000012376

1. Entity Name

INTERNATIONAL HOSPITALITY RESOURCES OF AMERICA,

FILED
May 18, 2000 8:00 am
Secretary of State

04-28-2000 90043 018 ***150.00

Principal Place of Business

300 W. AMERICA ST.
ORLANDO FL 32801

Mailing Address

300 W. AMERICA ST.
ORLANDO FL 32801-3614

2. Principal Place of Business

2892 OLD CASTLE DR.

Suite, Apt. #, etc.

3. Mailing Address

2892 OLD CASTLE DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER PARK, FL

Zip

32792

Country

USA

City & State

WINTER PARK, FL

Zip

32792

Country

USA

4. FEI Number

59-3553580

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'QUINN, MICHAEL A
28 W. CENTRAL BLVD., 4TH FLOOR
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

KEVIN McENERNEY

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

2892 OLD CASTLE DRIVE

City

WINTER PARK

FL

Zip Code

32792

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

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

TITLE D
NAME MCENERNEY, KEVIN
STREET ADDRESS 300 W. AMERICA ST.
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE D
NAME WITTECK, JANET
STREET ADDRESS 300 W. AMERICA ST.
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)