

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90033 016 ***150.00

DOCUMENT # P99000045249

1. Entity Name

ORLANDO HOTEL GROUP, INC.

Principal Place of Business

**7742 APPLE TREE CIRCLE
 ORLANDO FL 32814**

Mailing Address

**7742 APPLE TREE CIRCLE
 ORLANDO FL 32814**

2. Principal Place of Business

411 W. VINE STREET

Suite, Apt. #, etc.

3. Mailing Address

411 W. VINE STREET

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

Zip

34741

Country

U.S.A.

Zip

34741

Country

U.S.A.

4. FEI Number

59-3576548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PATEL, KIRAN
 7742 APPLE TREE CIRCLE
 ORLANDO FL 32814**

7. Name and Address of New Registered Agent

Name **DR PRAKASHCHANDRA. M. TAILOR.**

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

411 W. VINE STREET,

E

City

KISSIMMEE

FL

Zip Code

34741

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

04.30.2001

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, 2001 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** ☒ Delete
 NAME **PATEL, KIRAN**
 STREET ADDRESS **7742 APPLE TREE CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32814**

TITLE **PRESIDENT** ☐ Delete
 NAME **PRAKASHCHANDRA. M. TAILOR**
 STREET ADDRESS **411 W. VINE ST**
 CITY-ST-ZIP **KISSIMMEE, FL, 34741**

TITLE **VICE PRESIDENT** ☐ Delete
 NAME **SHAIKESH PATEL**
 STREET ADDRESS **5875 W. ILW BLVD**
 CITY-ST-ZIP **KISSIMMEE, FL, 34740**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001

Date

4079330800

Daytime Phone #

CR2E034 (10/00)