2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

FILED DOCUMENT # P99000096163 Feb 11, 2000 8:00 am **Secretary of State** HSI BESTROUTE INVESTMENT, INC. 02-11-2000 90009 014 ***150.00 Principal Place of Business Mailing Address 20 NORTH ORANGE AVENUE. SUITE 200 20 NORTH ORANGE AVENUE, SUITE 200 ORLANDO FL 32801-4604 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 360608 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUTTERFIELD, BENJAMIN P Street Address (P.O. Box Number is Not Acceptable) 20 NORTH ORANGE AVENUE, SUITE 200 ORLANDO FL 32801 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete Change ☐ Addition TITLE TITLE NAME HUGHES, DAVID H NAME STREET ADDRESS STREET ADDRESS 20 NORTH ORANGE AVENUE, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 Change Addition ☐ Delete TITLE TITLE NAME HALL, A. STEWART JR NAME STREET ADDRESS STREET ADDRESS 20 NORTH ORANGE AVENUE. SUITE 200 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete TITLE Change ☐ Addition TITLE NAME ZEPF, J. STEPHEN NAME STREET ADDRESS 20 NORTH-ORANGE AVENUE; SUITE 200 STREET ADDRESS: CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 triblese employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

A: (Stewart) Hall, Jr. 407-841-4755 **SIGNATURE:** Daytime Phone # PPED OR PINNTED NAME OF SIGNING OFFICER OR DIRECTOR

rith all other like empowered