

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000100529

1. Entity Name

COURTYARD TOWERS, INC.

FILED

00 MAR 10 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3300 SOUTH HIAWASSEE ROAD  
SUITE 107  
ORLANDO FL 32835

Mailing Address

POST OFFICE BOX 4961  
ORLANDO FL 32802-4961

2. Principal Place of Business

800 N. HIGHLAND AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

City & State

ORLANDO, FL

City & State

Zip

32803

Country

USA

Zip

Country

4. FEI Number

59-3618381

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLA, INC  
390 NORTH ORANGE AVENUE  
SUITE 110  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

688883284326-1  
-04/11/00-01118-007

City

\*\*\*150.00 FL Zip Code 150.00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	KROPP, STEVEN G.	800 N. HIGHLAND AVE., SUITE 200	ORLANDO, FL 32803		
VPS	CARLTON, CHARLES S.	800 N. HIGHLAND AVE., SUITE 200	ORLANDO, FL 32803		
VPAS	MCKINNEY, EUGENE J.	800 N. HIGHLAND AVE., SUITE 200	ORLANDO, FL 32803		
VPAT	LAWLER, THOMAS P.	800 N. HIGHLAND AVE., SUITE 200	ORLANDO, FL 32803		
VPT	WILLNER, DAVID M.	800 N. HIGHLAND AVE., SUITE 200	ORLANDO, FL 32803		
VP	TUTTLE, L. MILLS	800 N. HIGHLAND AVE., SUITE 200	ORLANDO, FL 32803		

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:

STEVEN G. KROPP, PRESIDENT

3/1/00

Date

407/297-1600

Daytime Phone #

CR2E034 (9/99)