

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90947 031 ***150.00

DOCUMENT # P99000108014

1. Entity Name

DONALOSON HOTELS, INC. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9401 MARKETPLACE RD.

3. Mailing Address

9401 MARKETPLACE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT MYERS, FL.

City & State

FT MYERS, FL

4. FEI Number

65-0967427

Applied For

Not Applicable

Zip

33912

Country

USA

Zip

33912

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

William DONALOSON

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

9401 MARKETPLACE RD

City

FT MYERS

FL

Zip Code

33912

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT / TREASURER
NAME William S. DONALOSON
STREET ADDRESS 113 MINTURN AVE.
CITY-ST-ZIP BROOMFIELD, CO. 80020

TITLE V/S
NAME JOAN W. DONALOSON
STREET ADDRESS 113 MINTURN AVE.
CITY-ST-ZIP BROOMFIELD, CO. 80020

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

William S. DONALOSON

William S. DONALOSON

4/7/03

(239)

454-0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)