

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S38378

1. Entity Name  
LIBERTY HOSPITALITY, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90036 020 \*\*\*150.00

Principal Place of Business 365 CARRIAGE WAY CT OVIEDO FL 32765 US	Mailing Address 365 CARRIAGE WAY CT OVIEDO FL 32765-9656 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3057316	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KAPLAN, EUGENE  
4371 FOX HOLLOW CIR  
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name: EUGENE KAPLAN  
Street Address (P.O. Box Number is Not Acceptable):  
365 CARRIAGE WAY CT  
City: OVIEDO FL Zip Code: 32765

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: Eugene Kaplan DATE: 2-4-00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FAPLAN, EUGENE 365 CARRIAGE WAY OVIEDO FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, EUGENE 4371 FOX HOLLOW CIR CASELBERRY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN EUGENE 365 CARRIAGE WAY CT OVIEDO, FL. 32765 <input type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAPLAN, DAVID L. 4371 FOX HOLLOW CIR CASELBERRY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAPLAN DAVID L. 365 CARRIAGE WAY CT OVIEDO, FL 32765 <input type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS CHANGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Eugene Kaplan DATE: 2-4-00 DAYTIME PHONE #: 407-977-4880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)