

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS.

DOCUMENT # V66666

1. Corporation Name

CEBCO HOTEL ASSOCIATES, INC.

Principal Place of Business

801 N MAGNOLIA AVE  
STE 401  
ORLANDO FL 32803  
US

Mailing Address

P O BOX 536927  
ORLANDO FL 32853-6927

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90063 030 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1992

4. FEI Number

59-3143265

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

BROOKS, C E  
801 N MAGNOLIA AVE  
SUITE 401  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BROOKS, CHARLES E.  
STREET ADDRESS 801 N MAGNOLIA AVE. #401  
CITY-ST-ZIP ORLANDO FL

TITLE VSTD ☐ DELETE

NAME BROOKS, CYNTHIA M.  
STREET ADDRESS 801 N MAGNOLIA AVE. #401  
CITY-ST-ZIP ORLANDO FL

TITLE V ☐ DELETE

NAME BROOKS, R. H.  
STREET ADDRESS 801 N. MAGNOLIA AVE., #401  
CITY-ST-ZIP ORLANDO FL

TITLE V ☐ DELETE

NAME SIRMANS, W. T.  
STREET ADDRESS 801 N. MAGNOLIA AVE., #401  
CITY-ST-ZIP ORLANDO FL

TITLE AS ☐ DELETE

NAME MANN, A. L.  
STREET ADDRESS 801 N. MAGNOLIA AVE., #401  
CITY-ST-ZIP ORLANDO FL

TITLE V ☒ DELETE

NAME ROWE TERRELL ANN  
STREET ADDRESS 220 N CHURCH ST  
CITY-ST-ZIP SPARTANBURG SC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

325(99) (407) 422-4474

CR2F034 (1/198)