

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90067 045 \*\*\*\*61.25

**DOCUMENT # 705052**

1. Entity Name  
**JACKSONVILLE HOTEL & MOTEL ASSOCIATION, INC.**

Principal Place of Business <b>JHMA          P.O. BOX 550861          JACKSONVILLE FL 32255</b>	Mailing Address <b>JHMA          P.O. BOX 550861          JACKSONVILLE FL 32255-0861</b>
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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

4. FEI Number <b>59-1843742</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**DILLEY, CATHY  
 2121 CORPORATE SQUARE BLVD #261  
 JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEES IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD POTTS, DAVID HOLIDAY INN BAYMEADOWS-9150 BAYMEADOWS RD JACKSONVILLE FL 32256</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD JOHNSEN, JEFF AMELIA ISLAND PLANTATION A1A AMELIA ISLAND FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DILLEY, CATHRYN S 2121 CORPORATE SQUARE BLVD #261 JACKSONVILLE FL 32216</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP SMITH, JASON 607 PONTE VEDRA BLVD PONTE VEDRA BEACH FL 32082</b> <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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/c Johnsen, Jeff</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>same address 32034</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIP Smith, Jason</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>same address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV Fetherston, George</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>1000 TPC Blvd Ponte Vedra Beach 32082</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

**1/25/00**

CR2E037 (9/99)