

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90023 043 ****61.25

0013406

DOCUMENT # 705052

1. Entity Name

JACKSONVILLE HOTEL & MOTEL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

JHMA
 P.O. BOX 550861
 JACKSONVILLE FL 32255

JHMA
 P.O. BOX 550861
 JACKSONVILLE FL 32255

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

59-1843742

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **DC** Delete
 NAME: **JOHNSEN, JEFF**
 STREET ADDRESS: **AMELIA ISLAND PLANTATION A1A**
 CITY-ST-ZIP: **FERNANDINA BEACH FL 32034**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **DILLEY, CATHRYN S**
 STREET ADDRESS: **2121 CORPORATE SQUARE BLVD #261**
 CITY-ST-ZIP: **JACKSONVILLE FL 32216**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **DP** Delete
 NAME: **SMITH, JASON**
 STREET ADDRESS: **607 PONTE VEDRA BLVD**
 CITY-ST-ZIP: **PONTE VEDRA BEACH FL 32082**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **DV** Delete
 NAME: **FETHERSTON, GEORGE**
 STREET ADDRESS: **1000 TPC BLVD**
 CITY-ST-ZIP: **PONTE VEDRA BEACH FL 32082**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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: _____

Cathryn Dilley

4/20/01

904 737-7287

CR2E037 (10/00)