

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90223 002 ***150.00

DOCUMENT # P94000045042

1. Entity Name
PALM COAST HOTEL ASSOCIATES, INC.

Principal Place of Business 10 KINGSWOOD DRIVE 1030 HIGGINS RD. STE 260 PALM COAST FL 32137 US	Mailing Address C/O THE BRICTON GROUP, INC. 1030 HIGGINS RD. STE 260 PARK RIDGE IL 60068 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0509203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C/O C T CORPORATION SYSTEM
 1200 PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: 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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	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

TITLE NAME	PD RENTON, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	214 COLLEGE PARK PLAZA	
CITY-ST-ZIP	JOHNSTOWN PA 15904	
TITLE NAME	SD PORSCHE, RAYMOND	<input type="checkbox"/> Delete
STREET ADDRESS	214 COLLEGE PARK PLAZA	
CITY-ST-ZIP	JOHNSTOWN PA 15904	
TITLE NAME	TD DOHERTY, EDWARD	<input type="checkbox"/> Delete
STREET ADDRESS	1030 HIGGINS ROAD, SUITE 260	
CITY-ST-ZIP	PARK RIDGE IL 60068	
TITLE NAME	VD ARNONE, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	214 COLLEGE PARK PLAZA	
CITY-ST-ZIP	JOHNSTOWN PA 60068	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: Edward Doherty Date: 1/4/01 Daytime Phone #: 8476983800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)