

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90172 042 ***150.00

DOCUMENT # 201206

1. Entity Name
GILL HOTELS COMPANY

Principal Place of Business
1140 SEABREEZE BOULEVARD
(P.O. BOX 21277)
FT. LAUDERDALE FL 33335

Mailing Address
1140 SEABREEZE BOULEVARD
(P.O. BOX 21277)
FT. LAUDERDALE FL 33335



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0799980**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEONARD, W. F.
LEONARD & MORRISON
4875 N FEDERAL HWY 10 FLOOR
FORT LAUDERDALE FL 33308

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDV GILL, G. W., JR. 1140 SEABREEZE BLVD FORT LAUDERDALE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEONARD, W. F. 2810 E. OAKLAND PK BLVD FORT LAUDERDALE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILL, LINDA L. 1140 SEABREEZE BV FT LAUDERDALE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROSFIELD, KAREN W 1140 SEABREEZE BLVD FT LAUDERDALE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *Karen W. Grosfield*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2002 (854) 525-3451
 Date Daytime Phone #

CR2E034 (9/01)