2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 282214

1. Entity Name

ACCOMMODATIONS INC

Principal Place of Business	Mailing Address
200 W. COLLEGE AVENUE TALLAHASSEE FL 32301-7707 US	200 W. COLLEGE AVENUE TALLAHASSEE FL 32301-7710 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-1052080** — Applied For / Not Applicable

5. *Certificate of Status Desired* ☐ **$8.75** Additional Fee Required

Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WAITS, THOMAS A. 200 W COLLEGE AVE TALLAHASSEE FL 32302	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, 2000 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: TD	☐ Delete	TITLE: *CED*	☑ Change	☐ Addition
NAME: BANKS, WALTER		NAME:		
STREET ADDRESS: 1700 S. OCEAN LN		STREET ADDRESS:		
CITY-ST-ZIP: FORT LAUDERDALE FL 33316		CITY-ST-ZIP:		
TITLE: TD	☐ Delete	TITLE: *CD*	☑ Change	☐ Addition
NAME: MCCREARY, WILLIAM W		NAME:		
STREET ADDRESS: 1500 EPCOT RESOURT BLVD		STREET ADDRESS:		
CITY-ST-ZIP: LAKE BUENA VISTA FL		CITY-ST-ZIP: *32830-2653*		
TITLE: SD	☐ Delete	TITLE: *TD*	☑ Change	☐ Addition
NAME: BROWN, GARY		NAME:		
STREET ADDRESS: 2441 S. ATLANTIC AVE		STREET ADDRESS:		
CITY-ST-ZIP: DAYTONA BEACH FL 32118		CITY-ST-ZIP:		
TITLE: PCEO	☐ Delete	TITLE:	☑ Change	☐ Addition
NAME: WAITS, THOMAS A		NAME:		
STREET ADDRESS: 200 W COLLEGE AVE		STREET ADDRESS:		
CITY-ST-ZIP: TALLAHASSEE FL		CITY-ST-ZIP: *32301*		
TITLE: CD	☐ Delete	TITLE: *D*	☑ Change	☐ Addition
NAME: THIRION, JERRY		NAME:		
STREET ADDRESS: 475 SEAGATE DRIVE		STREET ADDRESS: *7524 Jan Miguel Way*		
CITY-ST-ZIP: NAPLES FL		CITY-ST-ZIP: *34109*		
TITLE: D	☑ Delete	TITLE: *SD*	☐ Change	☑ Addition
NAME: JOHNSON, RON		NAME: *Philip D. Wright*		
STREET ADDRESS: 9250 BAYMEADOWS RD STE 200		STREET ADDRESS: *2000 Hotel Plaza Blvd*		
CITY-ST-ZIP: JACKSONVILLE FL		CITY-ST-ZIP: *Lake Buena Vista, Fla 32830*		

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: _____ Date: *2/25/00* Daytime Phone #: *850-224-2888*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR