

# 2002 UNIFORM BUSINESS REPORT (UBR)

0004899 AV

DOCUMENT # 282214

1. Entity Name  
ACCOMMODATIONS INC

FILED

02 JUL 19 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

Mailing Address  
200 W. COLLEGE AVENUE  
TALLAHASSEE FL 32301-7707  
US

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

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **C PC**  
NAME BANKS, WALTER  
STREET ADDRESS 1700 S. OCEAN LN  
CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Delete

TITLE **PC**  
NAME  
STREET ADDRESS 100006592751--8  
CITY-ST-ZIP -07/23/02--01055--025 ☒ Change ☐ Addition  
\*\*\*\*\*550.00 \*\*\*\*\*550.00

TITLE **PC D**  
NAME MCCREARY, WILLIAM W  
STREET ADDRESS 1500 EPCOT RESOURT BLVD  
CITY-ST-ZIP ORLANDO FL 32820-2657 ☐ Delete

TITLE **D**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **PC C**  
NAME BROWN, GARY  
STREET ADDRESS 2441 S. ATLANTIC AVE  
CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Delete

TITLE **C**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **PC EO**  
NAME WAITS, THOMAS A  
STREET ADDRESS 200 W COLLEGE AVE  
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE **PC EO**  
NAME  
STREET ADDRESS (NO CHANGE)  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **D S**  
NAME THIRION, JERRY **Katie**  
STREET ADDRESS 7524 SAN MIGUEL WAY  
CITY-ST-ZIP NAPLES FL 34109 ☒ Delete

TITLE **S**  
NAME Katherine Klauber Moulton  
STREET ADDRESS 1620 Gulf of Mexico Dr.  
CITY-ST-ZIP Longboat Key, FL 34228-3499 ☐ Change ☒ Addition

TITLE **PC CE**  
NAME WRIGHT, PHILIP D  
STREET ADDRESS 2000 HOTEL PLAZA BLVD  
CITY-ST-ZIP LAKE BUENA VISTA FL 32830 ☐ Delete

TITLE **TE**  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02 850-224-2888

CR2E034 (4/02)