

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0043746 AV

DOCUMENT # 282214

1. Entity Name  
ACCOMMODATIONS INC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 MAY 23 AM 10:39

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC ☒ Delete  
NAME BANKS, WALTER  
STREET ADDRESS 1700 S. OCEAN LN  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE ☐ Change ☒ Addition  
NAME SO Tom Cherniavsky  
STREET ADDRESS Mile Marker 61  
CITY-ST-ZIP Marathon, FL 33050

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

TITLE ☒ Change ☒ Addition  
NAME RED CED Michael Sansbury  
STREET ADDRESS 6800 Lakewood Plaza Dr.  
CITY-ST-ZIP Orlando, FL 32819

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

TITLE PCD ☒ Change ☒ Addition  
NAME  
STREET ADDRESS 900020569109  
CITY-ST-ZIP 06/06/03--01066--009 \*\*550.00

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME MOULTON, KATHERINE K  
STREET ADDRESS 1620 GULF OF MEXICO DR.  
CITY-ST-ZIP LONGHOAT KEY FL 34228-3499

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

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

TITLE CP ☒ 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 607, 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:

*Thomas A. Waits*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03  
Date

Daytime Phone #

CR2E034 (10/02)