

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90256 005 ***150.00

DOCUMENT # 530395

1. Entity Name

HARRISON CONFERENCE SERVICES OF FLORIDA, INC.

Principal Place of Business

**755 CROSSOVER STREET
 MEMPHIS TN 38117**

Mailing Address

**755 CROSSOVER STREET
 MEMPHIS TN 38117**

2. Principal Place of Business

9336 CIVIC CENTER DR
 Suite, Apt. #, etc.

3. Mailing Address

9336 CIVIC CENTER DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BEVERLY HILLS CA

City & State

BEVERLY HILLS CA

4. FEI Number

59-1761631

Applied For

Not Applicable

Zip

90210

Country

USA

Zip

90210

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **D** ☐ Delete
 NAME **HART, MATTHEW J**
 STREET ADDRESS **9336 CIVIC CENTER DRIVE**
 CITY-ST-ZIP **BEVERLY HILLS CA 90210**

TITLE **PD** ☐ Delete
 NAME **KEALEY, JOHN T**
 STREET ADDRESS **9336 CIVIC CENTER DRIVE**
 CITY-ST-ZIP **BEVERLY HILLS CA 90210**

TITLE **VD** ☐ Delete
 NAME **HUNKESTEIN, DIETER H**
 STREET ADDRESS **9336 CIVIC CENTER DRIVE**
 CITY-ST-ZIP **BEVERLY HILLS CA 90210**

TITLE **VT** ☐ Delete
 NAME **LAFORGIA, ROBERT M**
 STREET ADDRESS **9336 CIVIC CENTER DRIVE**
 CITY-ST-ZIP **BEVERLY HILLS CA 90210**

TITLE **VS** ☐ Delete
 NAME **SMITH, M H III**
 STREET ADDRESS **9336 CIVIC CENTER DRIVE**
 CITY-ST-ZIP **BEVERLY HILLS CA 90210**

TITLE **AVAT** ☐ Delete
 NAME **RIEDEL, KAREN D**
 STREET ADDRESS **755 CROSSOVER STREET**
 CITY-ST-ZIP **MEMPHIS TN 38117**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. H. SMITH III

4-25-01

Date

310-284321

Daytime Phone #

CR2E034 (10/00)