

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90051 027 ***150.00

DOCUMENT # 530395

1. Entity Name
HARRISON CONFERENCE SERVICES OF FLORIDA, INC.

Principal Place of Business

**9336 CIVIC CENTER DR
 BEVERLY HILLS CA 90210**

Mailing Address

**9336 CIVIC CENTER DR
 BEVERLY HILLS CA 90210**

840107



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

59-1761631

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

**CT CORPORATION SYSTEM
 O CT CORPORATION SYSTEM
 200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]*

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

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

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

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

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

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

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

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

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

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

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

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]

M. HUE SMITH, III **4-15-02** **30278-4321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)