

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704087

1. Entity Name

FLORIDA HOTEL & MOTEL ASSOCIATION, INC.

Principal Place of Business

200 W. COLLEGE ST
P.O. BOX 1529
TALLAHASSEE FL 32302

Mailing Address

200 W. COLLEGE ST
P.O. BOX 1529
TALLAHASSEE FL 32302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WAITS, THOMAS A.
200 W COLLEGE AVENUE
TALLAHASSEE FL 32301

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CED
BANKS, WALTER
1700 S. OCEAN LN.
FT LAUDERDALE FL 33316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BROWN, GARY
2411 S. ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32118 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MCCREARY, WILLIAM W
1500 EPCOT RESORTS BLVD.
LAKE BUENA VISTA FL 32830-2653 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THIRION, JERRY
7524 SAM MIGUEL WAY
NAPLES FL 34109 ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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 617, 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:

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

Date

Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90046 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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