

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 704087**

1. Entity Name

FLORIDA HOTEL & MOTEL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

200 W. COLLEGE ST
P.O. BOX 1529
TALLAHASSEE FL 32302200 W. COLLEGE ST
P.O. BOX 1529
TALLAHASSEE FL 32302**FILED**

02 MAY 21 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

200 West College Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee, Florida 32301

4. FEI Number

59-0248210

Applied For

Not Applicable

Zip

Country

Zip

Country

32301

USA

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

Name

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

City

FL

Zip Code

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

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ DeleteBO
BANKS, WALTER
1700 S. OCEAN LN.
FT LAUDERDALE FL 33316TITLE NAME ☐ DeleteBE
BROWN, GARY
2411 S. ATLANTIC AVE.
DAYTONA BEACH SHORES FL 32118TITLE NAME ☒ DeletePD
MC CREARY, WILLIAM W.
1500 EPCOT RESORTS BLVD.
LAKE BUENA VISTA FL 32830-2853TITLE NAME ☐ DeletePB
WRIGHT, PHILIP D
2000 HOTEL PLAZA BLVD.
LAKE BUENA VISTA FL 32830TITLE NAME ☒ DeleteD
THIRION, JERRY
7524 SAM MIGUEL WAY
NAPLES FL 34109TITLE NAME ☐ DeletePCEO
WATTS, THOMAS A.
200 WEST COLLEGE AVE.
TALLAHASSEE FL 32301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☐ AdditionPCD
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☒ Change ☐ AdditionCD
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☒ AdditionTD
MICHAEL W. SANBURY
6800 LAKEWOOD PLAZA DR.
Orlando, Florida 32819TITLE NAME ☒ Change ☐ AdditionCED
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☒ AdditionSD
KATHARINE K. Moulton
1620 GULF OF MEXICO DRIVE
Longboat Key, FLA 34228-3499TITLE NAME ☐ Change ☐ AdditionNAME
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 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:

THOMAS A. WATTS Pres/CEO

Date

Daytime Phone #

CR2E037 (9/01)