

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

000567

DOCUMENT # 704087

1. Entity Name

FLORIDA HOTEL & MOTEL ASSOCIATION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 MAY 23 AM 10:39

Principal Place of Business

200 WEST COLLEGE AVE
TALLAHASSEE FL 32301

Mailing Address

200 WEST COLLEGE AVE
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0248210

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 AVENUE
TALLAHASSEE FL 32301

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SD
NAME Tom Cherniavsky
STREET ADDRESS mile marker 61
CITY-ST-ZIP Marathon, FL 33050 ☒ Change ☐ Addition

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

TITLE PCD
NAME 200020569092
STREET ADDRESS 06/06/03--01066--008
CITY-ST-ZIP **\$61.25 ☒ Change ☐ Addition

TITLE TD
NAME SANSBURY, MICHAEL W
STREET ADDRESS 6800 LAKEWOOD PLAZA DR
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

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

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

TITLE SD
NAME MOULTON, KATHERINE K
STREET ADDRESS 1620 GULF OF MEXICO DRIVE
CITY-ST-ZIP LONGBOAT KEY FL 34228-3499 ☐ Delete

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

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

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:

THOMAS A. WAITS, PRES/CEO

3/1/03

CR2E037 (10/02)