

2000 UNIFORM BUSINESS REPORT (UBR)

0008388

DOCUMENT # 704234

1. Entity Name

FLORIDA HOTEL ASSOCIATION, INC.

FILED

00 MAR 20 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

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

Mailing Address

200 W COLLEGE AVENUE
P.O. BOX 1529
TALLAHASSEE FL 32302-1529

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME CED
STREET ADDRESS 100003191961--5
CITY-ST-ZIP -03/31/00--01070--012
*****61.25 *****61.25

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

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

TITLE ☐ Delete
NAME PCEO
STREET ADDRESS WAITS, THOMAS A.
CITY-ST-ZIP 200 W COLLEGE AVE
TALLAHASSEE, FL 00000

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 32301
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS JOHNSON, RON
CITY-ST-ZIP 9250 DAYMEADOWS ROAD STE 200
JACKSONVILLE FL

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS Philip D. Wright
CITY-ST-ZIP 2000 Hotel Plaza Blvd
LAKE BUENA VISTA, FL 32830

TITLE ☐ Delete
NAME CD
STREET ADDRESS THIRION, JERRY
CITY-ST-ZIP 475 SEAGATE DRIVE
NAPLES FL

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS 7524 San Miguel Way
CITY-ST-ZIP 34109

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

TITLE ☒ Change ☐ Addition
NAME CD
STREET ADDRESS I I TS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)