

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 704234**

1. Entity Name

**FLORIDA HOTEL ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

200 W COLLEGE AVENUE  
P.O. BOX 1529  
TALLAHASSEE FL 32302200 W COLLEGE AVENUE  
P.O. BOX 1529  
TALLAHASSEE FL 32302

2. Principal Place of Business

3. Mailing Address

**200 West College Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Tallahassee, Florida**

4. FEI Number

Applied For

Zip

Country

Zip

Country

**32301****USA****59-0248210**

Not Applicable

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

**WAITS, 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 file 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	<b>BO</b>	<input type="checkbox"/> Delete
NAME	<b>BANKS, WALTER</b>	
STREET ADDRESS	<b>1700 S. OCEAN LN</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33318</b>	

TITLE	<b>PLD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>CE</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, GARY</b>	
STREET ADDRESS	<b>2411 S. ATLANTIC AVE</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32118</b>	

TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PCEO</b>	<input type="checkbox"/> Delete
NAME	<b>WAITS, THOMAS A.</b>	
STREET ADDRESS	<b>200 W COLLEGE AVE</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>WRIGHT, PHILIP D</b>	
STREET ADDRESS	<b>2000 HOTEL PLAZA BLVD</b>	
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL 32830</b>	

TITLE	<b>CED</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THIRION, JERRY</b>	
STREET ADDRESS	<b>7524 SAN MIGUEL WAY</b>	
CITY-ST-ZIP	<b>NAPLES FL 34109</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Katharine K. Moulton</b>	
STREET ADDRESS	<b>1620 GULF OF MEXICO DRIVE</b>	
CITY-ST-ZIP	<b>Longboat Key, Florida 34228-3499</b>	

TITLE	<b>PC</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCCREARY, WILLIAM W</b>	
STREET ADDRESS	<b>1500 EPCOT RESORTS BLVD.</b>	
CITY-ST-ZIP	<b>LAKE BUENA VISTA FL 32830-2853</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michael W. Samsbury</b>	
STREET ADDRESS	<b>6800 LAKEWOOD PLAZA DR.</b>	
CITY-ST-ZIP	<b>Orlando, Florida 32819</b>	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas A. Waits Pres/CEO**
  
Date

**4/30/02 850-224-7888**
  
Daytime Phone #

CR2E037 (9/01)