

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

0005831

DOCUMENT # 704234

1. Entity Name

FLORIDA HOTEL ASSOCIATION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 MAY 23 AM 10:39

Principal Place of Business

200 W COLLEGE AVENUE  
TALLAHASSEE FL 32301

Mailing Address

200 W COLLEGE AVENUE  
TALLAHASSEE FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0248210

Applied For

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

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 FORT LAUDERDALE FL 33316

TITLE 3D  
NAME Tom CHERNIAVSKY  
STREET ADDRESS Mile Marker 61  
CITY-ST-ZIP MARIETTA, FL 33050

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

TITLE PCD  
NAME 300020569083  
STREET ADDRESS 06/06/03--01066--007  
CITY-ST-ZIP \*\*\$61.25

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

TITLE CD  
NAME CD  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE TD  
NAME TD  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE TD  
NAME TD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME SAMS BURY, MICHAEL W  
STREET ADDRESS 6800 LAKEWOOD PLAZA DR  
CITY-ST-ZIP ORLANDO FL 32819

TITLE CED  
NAME michael Sans bury  
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. WAITS, Pres/CEO

3/7/03

CR2E037 (10/02)