

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705052

1. Entity Name

JACKSONVILLE HOTEL & MOTEL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

JHMA
P.O. BOX 550861
JACKSONVILLE FL 32255

JHMA
P.O. BOX 550861
JACKSONVILLE FL 32255

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

59-1843742

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

DILLEY, CATHY
2121 CORPORATE SQUARE BLVD #261
JACKSONVILLE FL 32216

Name Cathy Dilley
Street Address (P.O. Box Number is Not Acceptable) 5544 Sheri Lane
Jacksonville, FL 32207
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 Cathryn S. Dilley Cathryn S. Dilley, Administrator 1/28/02
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 DC ☒ Delete
NAME JOHNSON, JEFF
STREET ADDRESS AMELIA ISLAND PLANTATION A1A
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE Director ☐ Change ☒ Addition
NAME Hockenbury, Joe
STREET ADDRESS 1515 Prudential Dr
CITY-ST-ZIP Jacksonville, FL 32207

TITLE D ☐ Delete
NAME DILLEY, CATHRYN S
STREET ADDRESS 2121 CORPORATE SQUARE BLVD #261
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE Director ☒ Change ☐ Addition
NAME Cathryn S. Dilley
STREET ADDRESS 5544 Sheri Lane
CITY-ST-ZIP Jacksonville, FL 32207

TITLE DP ☐ Delete
NAME SMITH, JASON
STREET ADDRESS 607 PONTE VEDRA BLVD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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

TITLE DV ☐ Delete
NAME FETHERSTON, GEORGE
STREET ADDRESS 1000 TPC BLVD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: Cathryn S. Dilley 1/28/02 (904) 37-2287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)