

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90092 040 ***150.00

0030300 AB

DOCUMENT # F01000000708

1. Entity Name
HOSTPRO, INC.

Principal Place of Business
1450 EAGLE FLIGHT WAY
BOISE ID 83709

Mailing Address
1450 EAGLE FLIGHT WAY
BOISE ID 83709

2. Principal Place of Business
303 Peachtree Center Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite 500

City & State
Atlanta GA

City & State

Zip
30303

Country
USA

Zip

Country

4. FEI Number
82-0514454

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	KOCHER, JOEL J	
STREET ADDRESS	1450 EAGLE FLIGHT WAY	
CITY-ST-ZIP	BOISE ID	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CARLIER, BOB A	
STREET ADDRESS	1450 EAGLE FLIGHT WAY	
CITY-ST-ZIP	BOISE ID	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CAVENDER, DENNIS	
STREET ADDRESS	1450 EAGLE FLIGHT WAY	
CITY-ST-ZIP	BOISE ID	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LUCKY, CLIFF	
STREET ADDRESS	1450 EAGLE FLIGHT WAY	
CITY-ST-ZIP	BOISE ID	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCMANES, LISIANNA	
STREET ADDRESS	1450 EAGLE FLIGHT WAY	
CITY-ST-ZIP	BOISE ID	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HANSEN, BRIAN T	
STREET ADDRESS	1450 EAGLE FLIGHT WAY	
CITY-ST-ZIP	BOISE ID	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	303 Peachtree Center Ave. Suite 500
CITY-ST-ZIP	Atlanta GA 30303
TITLE	VP, CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Buckel
STREET ADDRESS	303 Peachtree Center Ave. Suite 500
CITY-ST-ZIP	Atlanta GA 30303
TITLE	VP, General Counsel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen Shulman
STREET ADDRESS	303 Peachtree Center Ave Suite 500
CITY-ST-ZIP	Atlanta GA 30303
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

CR2E034 (9/01)