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Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME

F SIGNING OFFICER OR DIRECTOR

Mar 20, 2001 8:00 am Secretary of State DOCUMENT # F93000002973 FM HOTEL COMPANY, INC. 03-20-2001 90039 008 ***150.00 Principal Place of Business Mailing Address 1407 UNION AVENUE, SUITE 400 1407 UNION AVENUE, SUITE 400 MEMPHIS TN 38104 MEMPHIS TN 38104 E0035743 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 62-1538404 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -MILL CLARK Street Address (P.O. Box Number is Not Acceptable) 5111 TAMIAMI TRAIL NORTH NAPLES FL 34103 City 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. **\$IGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE Delete TITLE ☐ Change ☐ Addition COOPER, IRBY NAME NAME STREET ADDRESS STREET ADDRESS 1407 UNION AVENUE, STE. 400 CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN 38104 ☐ Delete TITLE X Change looper, Pace 1407 Union Ave. Ste. 400 COOPER, PACE NAME NAME STREET ADDRESS 1407 UNION AVENUE, STE. 400 STREET ADDRESS CITY-ST-ZIP MEMPHIS TN 38104 CITY-ST-ZIP MCMPHIS, TN 38104 TITLE Delete TITLE ☐ Change Addition Cooper, David 1407 Union Aue., Str. 400 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Membhis TN 38104 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.