

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003845 (5)

1. Entity Name

Florida Hotel I Corp

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90034 042 ***150.00

Principal Place of Business

Mailing Address

90 Ashford Financial Corporation
14180 Dallas Pkwy, Ste 810
Dallas TX 75240-4326
LS

→ same

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

59-3202855

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

7. Name and Address of New Registered Agent

The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Suite 105
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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres	<input checked="" type="checkbox"/> Delete
NAME	Fisher, Richard L.	
STREET ADDRESS	399 Park Ave	
CITY-ST-ZIP	NY NY 10017	
TITLE	USD	<input checked="" type="checkbox"/> Delete
NAME	Edelman, Martin L.	
STREET ADDRESS	280 Park Ave	
CITY-ST-ZIP	NY NY 10017	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Kimickik, David	
STREET ADDRESS	14180 Dallas Pkwy Ste 700	
CITY-ST-ZIP	Dallas TX 75240-4326	
TITLE	VO	<input checked="" type="checkbox"/> Delete
NAME	Weland, Marc	
STREET ADDRESS	1001 19th St. North	
CITY-ST-ZIP	Arlington VA 22209	
TITLE	VO	<input checked="" type="checkbox"/> Delete
NAME	Monty Bennett	
STREET ADDRESS	14180 Dallas Pkwy	
CITY-ST-ZIP	Dallas TX 75240	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	Slagton, John	
STREET ADDRESS	1001 19th St. N	
CITY-ST-ZIP	Arlington VA 22209	

TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bennett, Archie Jr	
STREET ADDRESS	14180 Dallas Pkwy Ste 900	
CITY-ST-ZIP	Dallas TX 75240	
TITLE	Exec VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bennett, Monty	
STREET ADDRESS	14180 Dallas Pkwy, Ste 900	
CITY-ST-ZIP	Dallas TX 75240	
TITLE	VP/Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brooks, David A	
STREET ADDRESS	14180 Dallas Pkwy Ste 700	
CITY-ST-ZIP	Dallas TX 75240	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-00

972-778-9283

CR2E034 (9/99)