

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90395 025 ***150.00

DOCUMENT # F93000004620

1. Entity Name

THE HOSPITALITY SOURCE, INC.

Principal Place of Business

Mailing Address

6229 YELLOWSTONE DR
 PORT ORANGE FL 32127

6229 YELLOWSTONE DR
 PORT ORANGE FL 32127-6756

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2898042

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

BET WILLEY

Street Address (P.O. Box Number is Not Acceptable)

6229 YELLOWSTONE DR.

City

PORT ORANGE

FL

Zip Code

32127

WILLEY, DON G
6229 YELLOWSTONE DRIVE
PORT ORANGE FL 32174-4279

DECEASED

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPT
WILLEY, DON
6229 YELLOWSTONE DR
PORT ORANGE FL 32127

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DP
BET WILLEY
6229 YELLOWSTONE DR
PORT ORANGE FL 32127

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DVS
WILLEY, BET
6229 YELLOWSTONE DR
PORT ORANGE FL 32127

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 #

BET WILLEY

6-29-00

904-788-1513

Attachment

D0068255

D#1900000
4620

6229 YELLOWSTONE DRIVE
PORT ORANGE, FL 32127-6756
904-788-1813 FAX: 904-767-2326

HS
HS

June 30, 2000

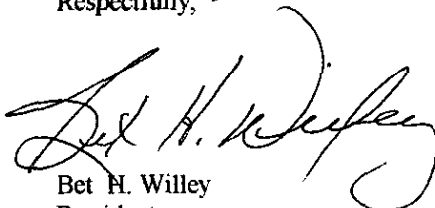
Division of Corporations
Tallahassee, Florida

To Whom It May Concern:

Re: F93000004620

My husband, Don G. Willey, passed away April 21, 2000. Due to this family crisis, this filing got over looked. My sincere apologizes.

Respectfully,



Bet H. Willey
President