

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0043333 AV

DOCUMENT # **F94000004606**

1. Entity Name
JACKSONVILLE PT HOTEL CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 30 AM 11:53

Principal Place of Business
**3003 SUMMER ST.
STAMFORD SQUARE
STAMFORD CT 06904-7900**

Mailing Address
**C/O CSC
1201 HAYS ST.
TALLAHASSEE FL 32301**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **06-1405146**

Applied For
Not Applicable

Zip Country

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS STRONE, MICHAEL J 3003 SUMMER STREET STAMFORD CT 06904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIEDERECHT, DAVID W 3003 SUMMER STREET STAMFORD SQUARE CT 06904-7900	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LEVANTI, STEPHEN J 3003 SUMMER STREET STAMFORD CT 06904	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Leanne R-Dawn 3003 Summer Street Stamford, CT 06904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice president Patricia Lane 3003 Summer Street Stamford, CT 06904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NP/IT DAVID MARYLES 3003 SUMMER STREET STAMFORD, CT 06904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800020285228	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: **SIGNATURE REQUIRED PATRICIA LANE** *28th May 03* **203-320-2460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 111171 8630A

AUTHORIZATION : *Patricia Hight*

COST LIMIT : \$ 550.00

ORDER DATE : May 29, 2003

ORDER TIME : 10:13 AM

ORDER NO. : 111171-020

CUSTOMER NO: 8630A

CUSTOMER: Mr. Fund Gept
Ge Investment Co. (real
Registered Agent Department
2711 Centreville Rd
Wilmington, DE 19808

ANNUAL REPORT FILING

NAME: JACKSONVILLE PT HOTEL
CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: _____

RECEIVED
03 MAY 30 AM 10:33
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA