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2001	UNIFORM	BUSINESS	REPORT	(UBR
OCUM	1ENT # F95	000004108	3	

	ONIFORM BOSI			(OBN)	_			
DOCUMENT # F9500004108 1. Entity Name REGENT HOSPITALITY CORPORATION						10 mm		Q
						FILED		
						OI MAR 12 AM 11:	17	U
Principal Place of Business EXECUTIVE OFFICE BUILDING 1000 ZENITH AVENUE FT. MILL SC 29715 US		Mailing Address EXECUTIVE OFFICE BUILDING 1000 ZENITH AVENUE FT. MILL SC 29715 US			SECRETARY OF STATE TALEAHASSEE, FLO		HEN 1811 188)	
2. Principal Place of Business		3. Mailing Address			-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE	·	
City & State		City & State		4.	FEI Number 57-1029135	├ ——	pplied For ot Applicable	
Zip	Country	Zip	Count	ry	<u> </u>	Certificate of Status Desired	Fee Hequire	
	6. Name and Address of Current R	egistered Agent		Name	7.	Name and Address of New Regist	ered Agent	
WHITEHEAD, KAREN 200 S ORANGE AVE #2300				Street Address (P.O. Box Number is Not Acceptable)				
ORLA	ANDO FL 32801							
				City	ty FL Zip Code			
Tax filing r	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW! After MAY 1, 20th Make Check Payab	!! FEE	will be \$550.00	,	10. Election Campaign Financin Trust Fund Contribution.	~ ~~	JO May Be d to Fees
11.	OFFICERS AND D		12.		ΑC	DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC CHAI, LAWRENCE 1000 ZENITH AVE FT MILL SC 29715	Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 7 7	DP CHENG, TENG N 1000 ZENITH AVE FT MILL SC 29715	XXDelete		T AODRESS ST-ZIP*	_	4000038 ! -03/15/0 ****676.	3	-025 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YAM, L C ANGIE 1000 ZENITH AVE FT. MILL SC	☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Athey, Billy E. 1000 Zenith Avenue Fort Mill, SC 29715	☐ Delete		T ADDRESS ST-ZIP	· ,		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 c. (, 5 c. 25,75	☐ Delete		T ADDRESS ST-ZIP		,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition
indicated	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empty or on an attachment with an address with the control of the control	rue and accurate and that r	ly signatu as require	afe shall have the ed by Chapter 60	e same)7, Flori	legal effect as if made under oath: !	hat I am an officer ears in Block 11 o	r or director