

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90113 020 \*\*\*150.00

ADAMSON AT

**DOCUMENT # F96000000462**

1. Entity Name  
**ORANGE COUNTY HOTEL CO., INC.**



Principal Place of Business  
~~1629 WINCHESTER RD~~  
MEMPHIS TN 38116

Mailing Address  
~~1629 WINCHESTER RD~~  
MEMPHIS TN 38116



2. Principal Place of Business  
**8700 TRAIL LAKE DR. West**

3. Mailing Address  
**8700 TRAIL LAKE DR. West**

Suite, Apt. #, etc.  
**300**

City & State  
**Memphis, TN**

CHECK HERE IF MAKING CHANGES

4. FEI Number **62-1626483**

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WILSON, ROBERT A 1629 WINCHESTER RD MEMPHIS TN 38116</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT BATT, BILL 1629 WINCHESTER RD MEMPHIS TN 38116</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ATAS CRENSHAW, CHIP 1629 WINCHESTER RD MEMPHIS TN 38116</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WILSON, C. KEMMONS JR 1629 WINCHESTER RD MEMPHIS TN 38116</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WILSON, SPENCE 1629 WINCHESTER RD MEMPHIS TN 38116</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WALLIN, R.E. 1629 WINCHESTER RD MEMPHIS TN 38116</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>See Attachment</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: William Batt DATE: 4/3/03 DAYTIME PHONE: 901-346-8800

CR2E034 (1/0/02)

~~Attachment~~

# ~~F96000000462~~

**ORANGE COUNTY HOTEL COMPANY INC**  
**62-1626483**  
**8700 TRAIL LAKE DRIVE WEST, SUITE 300**  
**MEMPHIS, TENNESSEE 38125**

**PRESIDENT: Kemmons Wilson Jr.**  
**VICE PRESIDENT: Spence Wilson, Robert Wilson, Bill Batt**  
**TREASURER: Bill Batt**  
**ASST. TREASURER: Chip Crenshaw, Gary McClain**  
**SECRETARY: Skip Wallin**  
**ASST SECRETARY: Chip Crenshaw, Amy Jarreau**  
**ADDRESS: 8700 TRAIL LAKE DRIVE WEST, SUITE 300**  
**MEMPHIS, TENNESSEE 38125**

**DIRECTORS:**  
**Spence Wilson**  
**Robert Wilson**  
**Kemmons Wilson Jr.**  
**8700 TRAIL LAKE DRIVE WEST, SUITE 300**  
**MEMPHIS, TENNESSEE 38125**