

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000897

1. Entity Name

RENAISSANCE FLORIDA HOTEL, INC.

271

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90265 013 ***150.00

Principal Place of Business	Mailing Address
10400 FERNWOOD RD DEPT. 924.13 BETHESDA MD 20817 US	10400 FERNWOOD RD DEPT. 924.13 BETHESDA MD 20817-1109 US

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	Applied For
34-1822717	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 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.

SIGNATURE _____ (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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIST, TODD	NAME	
STREET ADDRESS	10400 FERNWOOD RD	STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, MYRON D	NAME	
STREET ADDRESS	10400 FERNWOOD RD	STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIEFEL, WILLIAM R	NAME	VP
STREET ADDRESS	10400 FERNWOOD RD	STREET ADDRESS	M..LESTER PULSE JR.
CITY-ST-ZIP	BETHESDA MD 20817	CITY-ST-ZIP	10400 FERNWOOD ROAD
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBALL, KEVIN M	NAME	
STREET ADDRESS	10400 FERNWOOD RD	STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, RAYMOND G	NAME	T. CAROLYN B. HANDLON
STREET ADDRESS	10400 FERNWOOD RD	STREET ADDRESS	10400 FERNWOOD ROAD
CITY-ST-ZIP	BETHESDA MD 20817	CITY-ST-ZIP	BETHESDA, MD. 20817
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGLOCKTON, JOAN R	NAME	
STREET ADDRESS	10400 FERNWOOD RD	STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD 20817	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Nancy L. Benz REQUIRED NANCY L. BENZ 4/12/00 (301) 380-8742
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #