## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 26, 2001 8:00 am Secretary of State DOCUMENT # K33619 1. Entity Name FORTUNE HOTELS, INC. 03-26-2001 90086 013 \*\*\*150.00 Mailing Address Principal Place of Business 5600 GULF BOULEVARD 5600 GULF BOULEVARD ST PETERSBURG BEACH FL 33706 ST PETERSBURG BEACH FL 33706 818288 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2925872 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANDREWS, SHERYL H. 5600 GULF BLVD ST PETERSBURG BEACH FL 33706 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 SIGNATUR FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE TITLE ANDREWS, SHERYL H NAME NAME 5600 GULF BOULEVARD STREET ADDRESS STREET ADDRESS ST. PETERSBURG BEACH FL 33706 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete SHERMAN, RICHARD NAME NAME 5600 GULF BOULEVARD STREET ADDRESS STREET ADDRESS ST. PETERSBURG BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE BOGOTT, TIMOTHY R NAME NAME 5600 GULF BLVD STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33706 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE TAYLOR, ROBERT M NAME NAME 5600 GULF BLVD STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33706 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FORTUNE, JEFFREY L

SAINT PETERSBURG FL 33706

5600 GULF BLVD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

120/01 127-562-1221

☐ Change

☐ Addition