2000 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUMENT # L65017 1. Entity Name					Mar 06, 2000 8:00 am Secretary of State			
DOUBLE	TREE, INC.				03-06-2000 90019			
Principal Plac	e of Business	Mailing Address						
TERENCE P. MCCARTHY % TERENCE P. MCCARTH E. OCEAN BLVD SUITE 2-A 2081 E. OCEAN BLVD SU THERE FL 34996 STUART FL 34996-3326			2-A					
2. Principal Place of Business3. Mailing Address29 40 5. M 2 all P.22940 5. NSuite, Apt. #, etc.Suite, Apt. #, etc.			ECall Rd		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	6311/30389		plied For t Applicable	
Enqi Zip 342			Char btt	E		8.75 Add	litional	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCARTHY, TERENCE P. 2081 E. OCEAN BLVD SUITE 2-A Street Address (PO, Box Number is Not Acceptable) STUART FL Dr.								
STUART FL City Englewed flow FL 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						Zip Cod 342	24	
8. The above	Named entity submits this statement for the KERRY H. KEATHL Signature, typed or printed name of registered agent and	EY, RESIDO	egistered office or	é	& Kenney 1.	> - <u>Zo - (</u>	90_	
						0 May Be to Fees		
11.	OFFICERS AND DI		12.	PD	DDITIONS/CHANGES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KENNY, THOMAS G. III 7250 S.E. FEDERAL HWY HOBE SOUND FL	🔀 Delete	TITLE NAME Street address City-st-zip	Keath 8045	ley, Kerry H. Bay Pointe Dr. wood, FL 34224	Li Unange	Addition 6666	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ODOARDI, NANCY, P 7250 S.E. FEDERAL HWY HOBE SOUND FL	🔀 Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JUDY		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEATHLEY, KERRY H 8045 BAY POINTE DR ENGLEWOOD FL	- X Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8089	, Susan O. S.E. Country Estate er, FL 33458	□ Change ⊊Way	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOBO, GERALD W 8045 BAY POINTE DR ENGLEWOOD FL	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	•	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
indicated of the cor	on this report or supplemental report is tr	ue and accurate and that my ered to execute this report as	/ signature shall h	lave the same	n 119.07(3)(i), Florida Statutes. I further cert e legal effect as if made under oath; that I a rida Statutes; and that my name appears in	m an officer	or director	
SIGNAT		TED NAME OF SIGNING OFFICER OF	DIRECTOR		1-20-00 561 Date Da	1 - 747 - Iytime Phone #	8133	