2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

DOCUMENT # L65017 1. Entity Name DOUBLE TREE, INC. 03-07-2002 90013 044 ***150.00 Principal Place of Business Mailing Address % GERALD BOBO % GERALD BOBO 8089 SE COUNTRY ESTATES WAY **8089 SE COUNTRY ESTATES WAY** JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0230389 Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KEATHLEY, KERRY H Street Address (P.O. Box Number is Not Acceptable) 8045 BAY POINTE DR **ENGLEWOOD FL 34224** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing equirement and elects to do so. After May 1, 2002 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 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change ☐ Addition ☐ Delete TITLE KEATHLEY, KERRY H NAME NAME 8089 SE COUNTRY ESTATES WAY STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE SD BOBO, GERALD W NAME STREET ADDRESS STREET ADDRESS 8089 SE COUNTRY ESTATES WAY CITY-ST-ZIP CITY-ST-7IP JUPITER FL 33458 VTD = ----TITLE Delete - -TITLE NAME BOBO, SUSAN O NAME STREET ADDRESS 8089 SE COUNTRY ESTATES WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33458 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE Delete 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

FILED Mar 07, 2002 8:00 am 5 Secretary of State