2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M36633

Entity Name: GALA HOSPITALITY CORPORATION

Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1717 N BAYSHORE DRIVE SUITE 321 MIAMI, FL 33132

New Mailing Address: Current Mailing Address:

433 MAUREEN LANE SEVERNA PARK, MD 21146

FEI Number: 59-2720096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONIGLIO, JOHN A HEILMAN, MICHAEL D 4801 SOUTH UNIVERSITY DRIVE 1717 N BAYSHORE DRIVE SUITE 300 SUITE 321 DAVIE, FL 33328 US MIAMI, FL 33132 US

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: MICHAEL D. HEILMAN 04/30/2002

> Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HEINTSCHEL, ERIC F HEINTSCHEL, ERIC F Name: Name: Address:

300-1 EAST PARK AVENUE 300-1 EAST PARK AVENUE Address: City-St-Zip: CHARLOTTE, NC 28202 City-St-Zip: CHARLOTTE, NC 28202 US

Title: Title: () Delete (X) Change () Addition Name: STULLER, JEFFREY Name: STOLLER, JEFFREY

1717 N BAYSHORE DR., SUITE 4256 1717 N BAYSHORE DR., SUITE 4256 Address: Address:

MIAMI, FL 33132 US MIAMI, FL 33132 US City-St-Zip: City-St-Zip:

VPD Title: Title: (X) Delete () Change () Addition AYCOCK, CLYDE Name: Name:

12421 N. FLORIDA AVE., C220 Address: Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

GOLDEN, DON K Name: Name: 6001 BROKEN SOUND PRKWY, NW, SUITE 508 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip:

Title: **EVPD** () Delete Title: **EVPD** (X) Change () Addition

Name: HEILMAN, MICHAEL Name: HEILMAN, MICHAEL D 550 M RICHIE HWY, #104 Address: 433 MAUREEN LANE Address:

City-St-Zip: SEVERNA PARK, MD 21146 City-St-Zip: SEVERNA PARK, MD 21146 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. HEILMAN **EVPD** 04/30/2002