

DOCUMENT # N000000001638

The seal of the State of Florida is a circular emblem. It features a central figure of a woman, likely representing Justice or Liberty, holding a scale and a sword. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

Mailing Address
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779-5044 US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

06282005 Chq-NP CR2E037 (10/03)

4. FBI Number
~~65-1020984~~ 65-01701167

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ed Agent

~~HART, JAMES W JR~~
~~2180 W GR 434, SUITE 5000~~
~~LONGWOOD, FL 32779 6044~~

Name Star Hospitality Management
Street Address (P.O. Box Number is Not Acceptable)
6025 Taylor Road
City Punta Gorda FL 33950

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sherry Banks

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-2-05

DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ELLIOT, JANET	
STREET ADDRESS	4801 LINKSIDE DR	
CITY - ST - ZIP	PUNTA GORDA, FL 33955	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHUCHRAN, TOM	
STREET ADDRESS	911 LINKSIDE WAY	
CITY - ST - ZIP	PUNTA GORDA, FL 33955	

TITLE	SD	<input type="checkbox"/> Delete
NAME	HARP, MARY	
STREET ADDRESS	219 BIG PINE LN	
CITY - ST - ZIP	PUNTA GORDA, FL 33955	

TITLE	TD	<input type="checkbox"/> Delete
NAME	GNIOT, KEN	
STREET ADDRESS	950 LINKSIDE WAY	
CITY-ST-ZIP	PUNTA GORDA, FL 33955	

TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY, JEWEL	
STREET ADDRESS	4911 LINKSIDE DR	
CITY-ST-ZIP	PUNTA GORDA, FL 33955	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200058486902
STREET ADDRESS	08/11/05--01050--029 **61.25
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/05
Date

Daytime Phone #

00 Williams / AUG 21 2005