

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2002 8:00 am**  
**Secretary of State**

08-29-2002 90005 017 \*\*\*\*70.00

**DOCUMENT # N01000006725**

1. Entity Name

**HOSPITALITY EDUCATIONAL RESOURCES, INC.**

Principal Place of Business

Mailing Address

C/O DEDMAN SCHOOL OF HOSPITALITY  
 1 CHAMPIONS WAY  
 TALLAHASSEE FL 32306-2541

C/O DEDMAN SCHOOL OF HOSPITALITY  
 1 CHAMPIONS WAY  
 TALLAHASSEE FL 32306-2541

977334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3747171

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIEDEL, ROBERT A**  
**C/O DEDMAN SCHOOL OF HOSPITALITY**  
**1 CHAMPIONS WAY**  
**TALLAHASSEE FL 32306-2541**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Robert A Riedel*

8/26/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

|                |  |   |
|----------------|--|---|
| TITLE NAME     | CHA, CHE, DoB, President, Executive Director | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | Robert A. Riedel                             |   |
| CITY-ST-ZIP    | 1 Champions Way Tallahassee, FL 32306-2541   |   |
| TITLE NAME     | Executive in Residence, Secy, Pres, Director | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | Jim Riscigno                                 |   |
| CITY-ST-ZIP    | 1 Champions Way Tallahassee, FL 32306-2541   |   |
| TITLE NAME     | Director, Dedman School of Hosp., Director   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | Dr. Bob Bosselman                            |   |
| CITY-ST-ZIP    | 1 Champions Way Tallahassee, FL 32306-2541   |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

*Robert A Riedel*

8/26/02

850 644 8492

SP2E037 (4/02)