

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90066 034 \*\*\*\*61.25

DOCUMENT # **N38952**

1. Corporation Name

**HAMPTON PLAZA MERCHANT'S ASSOCIATION, INC.**

Principal Place of Business

ONE PARK PLACE  
6148 LEE HWY #300  
CHATTANOOGA TN 37421-6511  
US

Mailing Address

ONE PARK PLACE  
6148 LEE HWY #300  
CHATTANOOGA TN 37421-6511  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/05/1990

4. FEI Number

62-1468348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

CHAMBERG, DEBORAH P.  
325 S. BLVD.  
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **ROBERTS, JAMES W. JR.**  
STREET ADDRESS **% ONE PARK PLACE, 6148 LEE HWY #300**  
CITY-ST-ZIP **CHATTANOOGA TN 37421**

TITLE **D** ☐ DELETE  
NAME **JAMES, JUDITH L.**  
STREET ADDRESS **% ONE PARK PLACE, 6148 LEE HWY #300**  
CITY-ST-ZIP **CHATTANOOGA TN 37421**

TITLE **D** ☐ DELETE  
NAME **MOLLOY, DANIEL L.**  
STREET ADDRESS **% ONE PARK PLACE, 6148 LEE HWY #300**  
CITY-ST-ZIP **CHATTANOOGA TN 37421**

TITLE **V** ☐ DELETE  
NAME **STEPHAS, GUS**  
STREET ADDRESS **ONE PARK PLACE, 6148 LEE HWY #300**  
CITY-ST-ZIP **CHATTANOOGA TN**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP **Chattanooga, TN 37421-6511**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **Chattanooga, TN 37421-6511**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP **Chattanooga, TN 37421-6511**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP **Chattanooga, TN 37421-6511**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

(423) 855-0001

Date

Daytime Phone #

CR2E037 (11/98)