

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38952

1. Entity 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 37421-2941
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

37421-6511

4. FEI Number

62-1468348

Applied For

Not Applicable

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

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 ☐ Delete
NAME D
STREET ADDRESS ROBERTS, JAMES W. JR.
CITY-ST-ZIP % ONE PARK PLACE, 6148 LEE HWY #300
CHATTANOOGA TN 37421-6511

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS JAMES, JUDITH L.
CITY-ST-ZIP % ONE PARK PLACE, 6148 LEE HWY #300
CHATTANOOGA TN 37421-6511

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MOLLOY, DANIEL L.
CITY-ST-ZIP % ONE PARK PLACE, 6148 LEE HWY #300
CHATTANOOGA TN 37421-6511

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SVPC
STREET ADDRESS STEPHAS, GUS
CITY-ST-ZIP % ONE PARK PLACE, 6148 LEE HWY #300
CHATTANOOGA TN 37421-6511

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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. Gus Stephas, Sr VP/Controller

SIGNATURE:

SIGNATURE REQUIRED

4/27/00

423/855-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)