

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48715

1. Entity Name

HOSPITALITY SALES & MARKETING ASSOCIATION INTERN

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90088 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 551175  
JACKSONVILLE FL 32255

P.O. BOX 551175  
JACKSONVILLE FL 32255-1175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3134474

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

URBAN, ANNE  
201 E ADAMS  
JACKSONVILLE FL 32202

Name: PAMELA JACOBS-EIDSON

Street Address (P.O. Box Number is Not Acceptable)  
2736 Herschel St.

City JACKSONVILLE

FL

Zip Code 32207

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 PD  
NAME URBAN, ANNE  
STREET ADDRESS 201 E ADAMS  
CITY-ST-ZIP JACKSONVILLE FL 32202 ☒ Delete

TITLE PD  
NAME PAMELA JACOBS-EIDSON  
STREET ADDRESS 2736 Herschel St.  
CITY-ST-ZIP JACKSONVILLE, FL 32207 ☒ Change ☐ Addition

TITLE VPT  
NAME JACOBS-EIDSON, PAMELA  
STREET ADDRESS 4670 SALISBURY RD  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☒ Delete

TITLE PDElect  
NAME JANICE DAILEY  
STREET ADDRESS 4670 SALISBURY Rd.  
CITY-ST-ZIP JACKSONVILLE, FL 32256 ☒ Change ☐ Addition

TITLE V  
NAME DAILEY, JANICE  
STREET ADDRESS 245 WATER ST  
CITY-ST-ZIP JACKSONVILLE FL 32202 ☒ Delete

TITLE VP  
NAME JASON WARE  
STREET ADDRESS 3745 ST. JOHNS INDUSTRIAL PARKWAY  
CITY-ST-ZIP JACKSONVILLE FL 32256 ☒ Change ☐ Addition

TITLE T  
NAME BOOTH, JACK  
STREET ADDRESS 12000 BEACH BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32246 ☒ Delete

TITLE TREASURER  
NAME ANNE URBAN  
STREET ADDRESS 201 E. ADAMS  
CITY-ST-ZIP JACKSONVILLE, FL 32202 ☒ Change ☐ Addition

TITLE V  
NAME GASTON, JULIE  
STREET ADDRESS 1 OCEAN BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32202 ☒ Delete

TITLE VP  
NAME Julie Gaston  
STREET ADDRESS 1 Ocean Blvd  
CITY-ST-ZIP Jacksonville, FL 32202 ☒ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

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:

*ANNE C. URBAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00 (904) 798-9100, ext. 26  
Date Daytime Phone #

CR2E037 (9/99)