

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # N48715****1. Entity Name****HOSPITALITY SALES & MARKETING ASSOCIATION INTERNATIONAL, NORTH FLORIDA CHAPTER INC.****Principal Place of Business**

P.O. BOX 551175

JACKSONVILLE
32255

FL

Mailing Address

P.O. BOX 551175

JACKSONVILLE
32255

FL

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3134474**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****JACOBS-EDISON PAMELA**
2756 HERSCHEL STREETJACKSONVILLE
32207

FL

7. Name and Address of New Registered Agent**Name****DAILEY JANICE**Street Address (P.O. Box Number is Not Acceptable)
4670 SALISBURY ROADCity
JACKSONVILLE**FL**Zip Code
32256**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 JANICE DAILEY****04/30/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				<input type="checkbox"/> Delete	VP	MINNOCK MAUREEN	1617 N. FIRST STREET	JACKSONVILLE FL 32250	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	V	GASTON JULIE	10 OCEAN BLVD	<input type="checkbox"/> Delete	VP	EMLING DAWN	3745 ST. JOHNS INDUSTRIAL PKWY.	JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	T	URBAN ANEE	201 E. ADAMS	<input type="checkbox"/> Delete	T	KURCZEWSKI ANGELA	1515 PRUDENTIAL DRIVE	JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	VP	WARE JASON	3745 ST. JOHNS INDUSTRIAL PARKWAY	<input type="checkbox"/> Delete	VP	CROSBY DAWN	1201 RIVERPLACE BLVD.	JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PD	DAILEY JANICE	4670 SALISBURY RD	<input type="checkbox"/> Delete	PD	SIMPSON LISA	1000 TPC BOULEVARD	PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	PD	JACOBS-EDISON PAMELA	2736 HERSCHEL STREET	<input type="checkbox"/> Delete	PD	DAILEY JANICE	4670 SALISBURY ROAD	JACKSONVILLE FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Angela Kurczewski****T****04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)