

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90123 016 \*\*\*\*61.25

**DOCUMENT # N48715**

1. Entity Name  
**HOSPITALITY SALES & MARKETING ASSOCIATION INTERNATIONAL, NORTH FLORIDA CHAPTER INC.**



Principal Place of Business  
**P.O. BOX 551175  
JACKSONVILLE FL 32255**

Mailing Address  
**P.O. BOX 551175  
JACKSONVILLE FL 32255**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



CHECK HERE IF MAKING CHANGES

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  
**KURCZEWSKI, ANGELA B  
1515 PRUDENTIAL DRIVE  
JACKSONVILLE FL 32207**

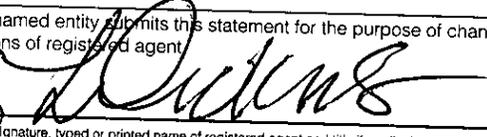
7. Name and Address of New Registered Agent

Name **Kristine Kassel**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 Riverplace Blvd.**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

DATE **1/22/03**

(NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

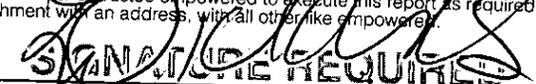
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>SIMPSON, LISA</b>	
STREET ADDRESS	<b>1000 TPC BOULEVARD</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>GASTON, JULIE</b>	
STREET ADDRESS	<b>ONE OCEAN BLVE.</b>	
CITY-ST-ZIP	<b>ATLANTIC BEACH FL 32082</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	<b>DAILEY, JANICE</b>	
STREET ADDRESS	<b>1201 RIVERPLACE BLVD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>KURCZEWSKI, ANGELA B</b>	
STREET ADDRESS	<b>1515 PRUDENTIAL DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>LANG, MARGY</b>	
STREET ADDRESS	<b>PO BOX 24570</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32241</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	<b>PIERSON, EILEEN</b>	
STREET ADDRESS	<b>225 COASTLINE DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lisa Dickinson</b>	
STREET ADDRESS	<b>P.O. Box 551175</b>	
CITY-ST-ZIP	<b>Jacksonville FL 32255</b>	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kristine Kassel</b>	
STREET ADDRESS	<b>1201 Riverplace Blvd.</b>	
CITY-ST-ZIP	<b>Jacksonville FL 32207</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: 

DATE **1/22/03**

CR2E037 (10/02)