

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90084 026 \*\*\*\*70.00

DOCUMENT # N94000001117

1. Entity Name

PALM BEACH COUNTY HOTEL & MOTEL ASSOCIATION, INC

Principal Place of Business

230 ROYAL PALM WAY  
PALM BEACH FL 33480  
US

Mailing Address

230 ROYAL PALM WAY  
PALM BEACH FL 33480-4312  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3243488

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

SEMADENI, DAVID  
230 ROYAL PALM WAY  
STE 403  
PALM BEACH FL 33480

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 VPD ☒ Delete  
NAME BAXTER, DAVID  
STREET ADDRESS 630 CLEARWATER PARK E  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Change ☒ Addition  
NAME STEVEN KAPPELER  
STREET ADDRESS 3200 N OCEAN BLVD.  
CITY-ST-ZIP SINGER ISLAND, FL. 33404

TITLE SD ☐ Delete  
NAME DAVID SEMADENI  
STREET ADDRESS 230 ROYAL PALM WAY, STE 403  
CITY-ST-ZIP PALM BCH FL

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

TITLE T ☐ Delete  
NAME HAMBLIN, CHRISTINE  
STREET ADDRESS 5 NORTH A1A  
CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ Change ☒ Addition  
NAME VICE PRESIDENT + DIRECTOR  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C ☐ Delete  
NAME RICHARD STAFFORD  
STREET ADDRESS 8511 EAST GARDEN OAKES CIR  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

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

TITLE P ☒ Delete  
NAME FEDER, DAVID  
STREET ADDRESS 501 EAST CAMINO REAL  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Change ☒ Addition  
NAME PAUL LEONE, JR. DIRECTOR  
STREET ADDRESS 1 SOUTH COUNTY ROAD  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE VP ☐ Delete  
NAME WOLFGANG, BARRE  
STREET ADDRESS 100 S OCEAN BLVD  
CITY-ST-ZIP MANALAPAN FL 33462

TITLE ☐ Change ☒ Addition  
NAME PRESIDENT + DIRECTOR  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEMADENI

Date

Daytime Phone #

CR2E037 19/99