

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDMENT

DOCUMENT # N95000000273

1. Entity Name

SOCIETY OF HOSTS, INC.

Principal Place of Business

1 CHAMPIONS WAY, STE 4100
FLORIDA STATE UNIVERSITY
TALLAHASSEE FL 32306-2541
U.S.

Mailing Address

1 CHAMPIONS WAY, STE 4100
FLORIDA STATE UNIVERSITY
TALLAHASSEE FL 32306-2541
U.S.

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

59-3285467

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROUSE, KRISTEN L.
1604 HASOSAW NENE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Jim Riscigno

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

2120 E. Randolph Cir.

City

Tallahassee

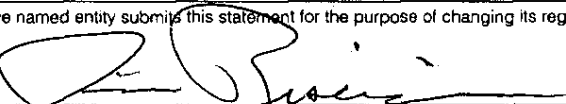
FL

Zip Code

32312

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

 Jim Riscigno

10/8/01

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

TITLE DP ☒ Delete
NAME STEINER, JIM
STREET ADDRESS 1826 LAKESHORE LN
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE DT ☐ Delete
NAME RISCIGNO, JIM
STREET ADDRESS 1 CHAMPIONS WAY, STE 4100, FSU
CITY-ST-ZIP TALLAHASSEE FL 32306-2541

TITLE DS ☐ Delete
NAME MONTGOMERY, GAIL
STREET ADDRESS RT 3 BOX 47
CITY-ST-ZIP MONTICELLO FL 32344

TITLE D ☐ Delete
NAME OHLIN, JANE
STREET ADDRESS 1 CHAMPIONS WAY, STE 4100, FSU
CITY-ST-ZIP TALLAHASSEE FL 32306-2541

TITLE DV ☐ Delete
NAME O'HARA, JEFFREY
STREET ADDRESS 1216 LOUISIANA AVE
CITY-ST-ZIP NEW ORLEANS LA 70115

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DV ☐ Change ☒ Addition
NAME HUBSCHMITT, PETE
STREET ADDRESS 3760 BOBBIN MILL RD.
CITY-ST-ZIP TALLAHASSEE FL 32312

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

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

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

TITLE DP ☒ Change ☐ Addition
NAME O'HARA, JEFFREY
STREET ADDRESS 1216 LOUISIANA AVE
CITY-ST-ZIP NEW ORLEANS LA 70115

TITLE D ☐ Change ☒ Addition
NAME BOSSELMAN, BOB
STREET ADDRESS 1 CHAMPIONS WAY, STE 4100, FSU
CITY-ST-ZIP TALLAHASSEE FL 32306-2541

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:

 Jim Riscigno

Date

10/8/01

Daytime Phone #

850 644 9494

CR2E037 (11/00)