2001 UNIFORM BUSINESS REPORT (UBR)

AMENDMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 11 PM 4:51

DOCUMENT # N95000000273

1. Entity Name

SOCIETY OF HOSTS, INC.

Principal Place of Business	Mailing Address
1 CHAMPIONS WAY, STE 4100 FLORIDA STATE UNIVERSITY TALLAHASSEE FL 32306-2541 U.S.	1 CHAMPIONS WAY, STE 4100 FLORIDA STATE UNIVERSITY TALLAHASSEE FL 32306-2541 U.S.

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROUSE, KRISTEN L. 1604 HASOSAW NENE TALLAHASSEE FL 32301	Name: Jim Riscigno Street Address (P.O. Box Number is Not Acceptable): 2120 E. Randolph Cir. City: Tallchassee 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
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STEINER, JIM 1826 LAKESHORE LN TALLAHASSEE FL 32312	☒ Delete	DV HUBSCHMITT, PETE 3760 BOBBIN MILL RD. TALLAHASSEE FL 32312	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT RISCIGNO, JIM 1 CHAMPIONS WAY, STE 4100, FSU TALLAHASSEE FL 32306-2541	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MONTGOMERY, GAIL RT 3 BOX 47 MONTICELLO FL 3244	☐ Delete	500004645005--7 -10/19/01--01022--020 *****61.25	☐ Change ☐ Addition *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OHLIN, JANE 1 CHAMPIONS WAY, STE 4100, FSU TALLAHASSEE FL 32306-2541	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV O'HARA, JEFFREY 1216 LOUISIANA AVE NEW ORLEANS LA 70115	☐ Delete	DP O'HARA, JEFFREY 1216 LOUISIANA AVE NEW ORLEANS LA 70115	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D BOSSELMAN, BOB 1 CHAMPIONS WAY, STE 4100, FSU TALLAHASSEE FL 32306-2541	☐ Change ☒ Addition

CR2E037 (11/00)

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 10/8/01 850 644 9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #