**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 04, 2002 8:00 am § DOCUMENT # N9600000327 **Secretary of State** 02-04-2002 90040 007 \*\*\*\*61.25 BEACHES HOSPITALITY NETWORK, INC. Principal Place of Business Mailing Address C/O LISA SIMPSON - COMFORT INN **CAROLYN HERMAN** 1300 SAWGRASS CIRCLE 830 S THIRD STREET PONTE VEDRA BEACH FL 32082 JACKSONVILLE BEACH FL 32250 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3358152 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HERMAN, CAROLYN 830 S THIRD STREET 104 JACKSONVILLE BEACH FL 32250 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Diffe sident Addition (9/01) Delete TITLE TITLE ☐ Change Karen Townsend VILLARORTA, GINA NAME NAME Scaturate Inn one con ocean Blud' COMFORT INN 1515 N 1ST ST **CR2E037** STREET ADDRESS STREET ADDRESS Atlantic Bch, FL32233 CiTY-ST-7IP PONTE VEDRA BEACH FL 32082 CITY-ST-7IP Mary Invocantion, 1015 S. Frest St. Delete TIT! F TITLE MATHESON, SANDRA NAME NAME BRAMPTON INN 1415 N 1ST ST STREET ADDRESS STREET ADDRESS CJTY - ST-ZIP JACKSONVILLE FL 32250 CITY-ST-ZIP Jacksonville Bch, FL 32250 DIRECTOR ☐ Change Addition TITLE TITL E BROWN, MARY J John Cross Lacruse Casino, 1 AIAN. NAME NAME CHAMBER OF COMMERCE STREET ADDRESS STREET ADDRESS Jacksonville, FL 3226 JACKSONVILLE BEACH FL 32250 CITY-ST-7IP CITY-ST-7IP Delete ☐ Change Addition TITLE TITLE Lones 1515 G. FIVST-St HERMAN, CAROLYN Dodie NAME NAME STREET ADDRESS 1831 N. THIRD STREET STREET ADDRESS Jacksonville Bch, FL 32250 CITY-ST-7IF JACKSONVILLE BEACH FL 32250 CITY-ST-7IP Director. Change Delete ☐ Addition TITLE TITLE CZYDIYN HEVYNAY HIOV HERMAN, CAROLYN NAME NAME 830 S THIRD STREET 104 STREET ADDRESS STREET ADDRESS Jacksonville Buh, Fr 32250 CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: