

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90257 001 ****61.25

DOCUMENT # N99000001559

1. Entity Name

HOSPITALITY SALES & MARKETING ASSOCIATION, INTER

Principal Place of Business

PO BOX 7466
 WEST PALM BEACH FL 33405

Mailing Address

PO BOX 7466
 WEST PALM BEACH FL 33405

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

65-0947926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PRUITT, ALISON
349 GRANADA RD
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **Dale Carlson**

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

10820 SE BOW Lane

City **Hobe Sound**

FL

Zip Code **33455**

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

Alison Pruitt, Administrator

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/10/01

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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 **PD** ☐ Delete
 NAME **HURD, DEB**
 STREET ADDRESS **100 S OCEAN BLVD, RITZ CARLTON**
 CITY-ST-ZIP **MANALAPAN FL 33462**

TITLE **PD** ☒ Delete
 NAME **STEVENS, RON**
 STREET ADDRESS **18262 CLEAR BROOK CIRCLE**
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **STD** ☒ Delete
 NAME **HATAKEYAMA, KATHY**
 STREET ADDRESS **1301 BELVEDERE RD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **Peters, Stefanie**
 CITY-ST-ZIP **100 S. Ocean Blvd, Ritz-Carlton**
Manalapan, FL 33462

TITLE ☐ Change ☒ Addition
 NAME **PD**
 STREET ADDRESS **Black, Ian**
 CITY-ST-ZIP **630 Clearwater Park Rd, Sheraton West Palm**
Beach, FL 33401

TITLE ☐ Change ☒ Addition
 NAME **Caroline Breder-Watts**
 STREET ADDRESS **262 S. Ocean Blvd, Florida Stage**
 CITY-ST-ZIP **Manalapan, FL 33462**

TITLE ☐ Change ☒ Addition
 NAME **Crist, Steve**
 STREET ADDRESS **3700 N. Ocean Drive, Hilton Singer Island Resort**
 CITY-ST-ZIP **Singer Island, FL 33404**

TITLE ☐ Change ☒ Addition
 NAME **Hallenbeck, Heather**
 STREET ADDRESS **2800 S. Ocean Blvd, Four Seasons Resort**
 CITY-ST-ZIP **Palm Beach, FL 33480**

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:

Alison Pruitt
REQUIRED

July 10, 2001

CR2E037 (5/01)