

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90137 019 \*\*\*\*61.25

**DOCUMENT # N99000001559**

1. Entity Name

**HOSPITALITY SALES & MARKETING ASSOCIATION, INTER  
NATIONAL, INC. PALM BEACH/TREASURE COAST CHAPTER**



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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CARLSON, DALE**  
**10820 SE BOW LANE**  
**HOBE SOUND FL 33455**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **CHOURIS, WICKI**  
STREET ADDRESS **SOUTH FLORIDA FAIRGROUNDS**  
CITY-ST-ZIP **WEST PALM BEACH FL 33421**

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

TITLE **PD** ☐ Delete  
NAME **PETERS, STEFANIE**  
STREET ADDRESS **2800 S OCEAN FOUR SEASON**  
CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE **D** ☒ Delete  
NAME **HERRING, LINDA**  
STREET ADDRESS **AMEX-11924 W FOREST HILL BLVD #22**  
CITY-ST-ZIP **WELLINGTON FL 33414-6258**

TITLE ☒ Change ☐ Addition  
NAME **Director-President**  
STREET ADDRESS **Ian Black**  
CITY-ST-ZIP **5 North A1A**  
**Jupiter, FL 33477**

TITLE **D** ☒ Delete  
NAME **BREDER-WATTS, CAROLINE**  
STREET ADDRESS **262 S OCEAN BLVD., FLORIDA STAGE**  
CITY-ST-ZIP **MANALAPAN FL 33462**

TITLE ☒ Change ☐ Addition  
NAME **Director**  
STREET ADDRESS **John Critchett**  
CITY-ST-ZIP **605 Belvedere Rd, #16**  
**West Palm Beach, FL 33405**

TITLE **D** ☒ Delete  
NAME **CRIST, STEVE**  
STREET ADDRESS **3700 N OCEAN DRIVE., HILTON RESORT**  
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE ☒ Change ☐ Addition  
NAME **Director**  
STREET ADDRESS **Paget Kirkland**  
CITY-ST-ZIP **3230 Seagrape Rd.**  
**Lantana, FL 33462**

TITLE **D** ☒ Delete  
NAME **HALLENBECK, HEATHER**  
STREET ADDRESS **2800 S OCEAN BLVD., FOUR SEASON RESORT**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☒ Change ☐ Addition  
NAME **Director**  
STREET ADDRESS **Judy Spring**  
CITY-ST-ZIP **2247 Palm Beach Lakes Blvd., #201**  
**West Palm Beach, FL 33409**

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:

*Ian Black* **REQUIRE Ian Black**

**7/18/03 (561) 745-7111**

CR2E037 (4/03)