# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004522

1. Entity Name

ASSOCIATION OF PROFESSIONAL HOSPITALITY MANAGERS INC. DATE: JULY 29, 1999

**FILED**
**Mar 27, 2000 8:00 am**
**Secretary of State**

03-27-2000 90103 049 ****61.25

| Principal Place of Business | Mailing Address |
|---|---|
| 2139 LA ROCHELLE DR.<br>TALLAHASSEE FL 32308 | P.O. BOX 16214<br>TALLAHASSEE FL 32317-6214 |

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 59-3623062 ☐ 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 |
|---|---|
| MCCLEARY, GORDON<br>2139 LA ROCHELLE DR.<br>TALLAHASSEE FL 32308 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

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**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE PRESIDENT<br>NAME JOHN B. CALHOUN<br>STREET ADDRESS 310 CHESTNUT DR.<br>CITY-ST-ZIP TAL, FL 32301 | ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE C.E.O.<br>NAME GORDON MCCLEARY<br>STREET ADDRESS 2139 LA ROCHELLE DR<br>CITY-ST-ZIP TAL, FL 32308 | ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE VICE PRESIDENT/DIRECTOR<br>NAME LAUREN V. SMITH<br>STREET ADDRESS 1323 DRKENS ST<br>CITY-ST-ZIP PHILADELPHIA, PA 19147 | ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE DIRECTOR<br>NAME DAVID ADAMS<br>STREET ADDRESS 1886 NICHLAUS CT #C<br>CITY-ST-ZIP TAL, FL 32301 | ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE DIRECTOR<br>NAME TOM GARDENER<br>STREET ADDRESS 3509 DEER LANE DR.<br>CITY-ST-ZIP TAL, FL 32308 | ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** John B Calhoun (JOHN B. CALHOUN) 3/23/00 (850) 591-5221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CRPFn37 (9/99)

Attach.
C0045552
#N99000004522

# Association of Professional Hospitality Managers

March 23, 2000

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir,

This sheet is attached to provide printed information from line 11 of the Uniform Business Report. Below are the names & contact information for our Officers and Directors.

| | |
|---|---|
| Title: | President |
| Name: | John B. Calhoun |
| Street Address: | 310 Chestnut Dr. |
| City-St-Zip | Tallahassee, FL 32301 |

| | |
|---|---|
| Title: | Chief Executive Officer (CEO) |
| Name: | Gordon McCleary |
| Street Address: | 2139 La Rochelle Dr. |
| City-St-Zip | Tallahassee, FL 32308 |

| | |
|---|---|
| Title: | Vice President / Director |
| Name: | Lauren V. smith |
| Street Address: | 1323 Dickens St. |
| City-St-Zip | Philadelphia, PA 19147 |

| | |
|---|---|
| Title: | Director |
| Name: | David Adams |
| Street Address: | 1886 Nichlaus Ct. #C |
| City-St-Zip | Tallahassee, FL 32301 |

| | |
|---|---|
| Title: | Director |
| Name: | Tom Gardener |
| Street Address: | 3509 Deer Lane Dr. |
| City-St-Zip | Tallahassee, FL 32308 |

If you have any questions feel free to contact me on my direct line listed below.

Thank you,

John B. Calhoun, President
(850) 591-5221
calhounj@att.net