

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004522

1. Entity Name

ASSOCIATION OF PROFESSIONAL HOSPITALITY MANAGERS

INC. DATE: JULY 29, 1999

Principal Place of Business

Mailing Address

2139 LA ROCHELLE DR.
TALLAHASSEE FL 32308

P.O. BOX 16214
TALLAHASSEE FL 32317-6214

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

Name

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

City

FL

Zip Code

MCCLEARY, GORDON
2139 LA ROCHELLE DR.
TALLAHASSEE FL 32308

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
NAME

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

☐ Change

☒ Addition

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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:

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 #



DO NOT WRITE IN THIS SPACE

CR25037 (9/00)



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 Nicholas 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