

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90002 036 ***550.00

DOCUMENT # P00000057044

1. Entity Name

HOSPITALITY MARKETING GROUP, INC.

Principal Place of Business

5979 WEST GATE DR.
 SUITE 1012
 ORLANDO, FL 32835

Mailing Address

5979 WEST GATE DR.
 SUITE 1012
 ORLANDO, FL 32835

2. Principal Place of Business

5979 WEST GATE DR.

3. Mailing Address

5979 WEST GATE DR.

Suite, Apt. #, etc.

SUITE 1012

Suite, Apt. #, etc.

SUITE 1012

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3675574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JAMES B. CANADY
 5979 WEST GATE DR.
 SUITE 1012
 ORLANDO, FL 32835

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEES \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PRESIDENT
 JAMES B. CANADY
 5979 WEST GATE DR. SUITE 1012
 ORLANDO, FL 32835

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DIRECTOR
 JOHN C. REDMOND
 5558 BROOKLINE DR.
 ORLANDO, FL 32819

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN C. REDMOND

9-17-01

407-363-4717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (11/00)