

9/6/01-90266-024-\$550.00-\$550.00

0098304 AV

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114984

1. Entity Name
HOSPITALITY EMPLOYMENT GROUP, INC.

FILED

01 SEP 20 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2000 MAIN STREET STE 310 2033 MAIN STREET STE 310
SARASOTA FL 34237 SARASOTA FL 34237

1200 N. CENTRAL AVE STE. 110
KISSIMMEE, FL 34743

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 Applied For
05-1060561 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LE BLANC, MARIE A
7445 FEATHERSTONE BLVD
SARASOTA FL 34238

Name Marie A LeBlanc

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

36 S. Washington Dr

City Sarasota FL Zip Code 34236

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!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LE BLANC, MARIE A
7445 FEATHERSTONE BLVD
SARASOTA FL 34238

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
President
LeBlanc, Marie A
36 S. Washington Dr
Sarasota, FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LE BLANC, CARL G
2212 SHADOW LAKES DR
SARASOTA FL 34238

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/01 941-954-5563

Date Daytime Phone #

CH2ED04 (5/01)