

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90110 042 ***150.00

DOCUMENT # P19623

1. Entity Name

TOLLMAN-HUNDLEY MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

**C/O TOLLMAN HUNDLEY HOTELS
1886 ROUTE 52
HOPEWELL JUNCTION NY 12533****C/O TOLLMAN HUNDLEY HOTELS
1886 ROUTE 52
HOPEWELL JUNCTION NY 12533**

2. Principal Place of Business

3. Mailing Address

2424 ROUTE 52**2424 ROUTE 52**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Hopewell Jct NY**Hopewell Jct NY**

Zip

Country

Zip

Country

12533 USA**12533 USA**

4. FEI Number

59-2883631

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

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

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!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	TOLLMAN, STANLEY S	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUNDLEY, MONTY D	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	TOLLMAN, BRETT G.	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	KENDZIERA, CRAIG	
STREET ADDRESS	1886 ROUTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C:\4\11\11