2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMĖNT # P39323 Jul 17, 2000 8:00 am Secretary of State INNISFREE HOTELS, INC. 07-17-2000 90073 042 ***150.00 Mailing Address Principal Place of Business 113 BAYBRIDGE PARK 113 BAYBRIDGE PARK **GULF BREEZE FL 32561-4470** GULF BREEZE FL 32561 2. Principal Place of Busines 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 63-0970679 Not Applicable Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10.-Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 rax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **PVS** ☐ Delete TITLE TITLE NAME MACQUEEN, JULIAN B. NAME STREET ADDRESS STREET ADDRESS 113 BAYBRIDGE PARK CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL** Addition TITLE Delete TITI F MACQUEEN, JULIAN B. NAME NAME STREET ADDRESS STREET ADDRESS 113 BAYBRIDGE PARK CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE FL Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

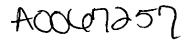
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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 of the corporation or the receiver or trustee changed, or on an attachment with an age

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

P39323





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 5, 2000

INNISFREE HOTELS, INC. 900 S. BELTLINE HWY. MOBILE, AL 36609

SUBJECT: INNISFREE HOTELS, INC.

Ref. Number: P39323

We have received your document for INNISFREE HOTELS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$150.00.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Michelle Milligan Document Specialist

Letter Number: 600A00031470