

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000006157

1. Entity Name
HOTEL SERVICES COMPANY

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90244 024 ***158.75

C0019777



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1555 PALM BEACH LAKES BLVD. STE. 1100 WEST PALM BEACH FL 33401	Mailing Address 1555 PALM BEACH LAKES BLVD. STE. 1100 WEST PALM BEACH FL 33401
---	---

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 65-0385972	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ECCLESTONE, E. L JR.
1555 PALM BEACH LAKES BLVD.
STE. 1100
W. PALM BEACH FL 33401

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 _____ (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, 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	PD ECCLESTONE, E. L JR. 1555 PALM BEACH LAKES BLVD., STE. 1100 W. PALM BEACH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVTD COOPER, RON 1555 PALM BEACH LAKES BLVD., STE. 1100 W. PALM BEACH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GANNON, NANNETTE 1555 PALM BEACH LAKES BLVD WEST PALM BEACH FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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, I am empowered.

SIGNATURE: **Ron Cooper** *[Signature]* Date: **2/15/01** Daytime Phone #: **561/686-2000**

CR2E034 (10/00)