

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039685

1. Entity Name

PRINCE HOSPITALITY MARKETING CORP.

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91344 029 \*\*\*150.00

Principal Place of Business

5770 W. IRLO BRONSON WAY  
STE. 129  
KISSIMMEE FL 34746  
US

Mailing Address

5770 W. IRLO BRONSON WAY  
STE 129  
KISSIMMEE FL 34746  
US

628522



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3190230**

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

HUNDLEY, CHARLES D.  
5770 W IRLO BRONSON HWY 129  
KISSIMMEE FL 34746

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TOLLMAN, STANLEY S  
CITY-ST-ZIP 12 E 49TH ST 24TH FLOOR  
NEW YORK NY

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

TITLE ☐ Delete  
NAME DV  
STREET ADDRESS TOLLMAN, BRETT G  
CITY-ST-ZIP 12 E 49TH ST 24TH FLOOR  
NEW YORK NY

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HUNDLEY, MONTY D  
CITY-ST-ZIP 12 E 49TH ST 24TH FLOOR  
NEW YORK NY

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

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS HUNDLEY, CHARLES D  
CITY-ST-ZIP 5770 W. IRLO BRONSON HWY., #129  
KISSIMMEE FL

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

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS QUATTRINI, MARIA  
CITY-ST-ZIP 5770 W IRLO BRONSON HWY #129  
KISSIMMEE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

- CHARLES D. HUNDLEY

Date

Daytime Phone #

1/3/01

407-397-9300

CR2E034 (10/00)