

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90013 050 ***150.00

DOCUMENT # P94000029337 (0)

1. Entity Name

HOST OF THE TOWN, INC.

Principal Place of Business

Mailing Address

#()
 ###3900 Arnold Ave
 Naples, FL 34104

3900 Arnold Ave
 Naples, FL 34104

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

65-0472638

Applied For

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

Name

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

City

FL

Zip Code

~~Wakefield, S.C.~~
 1400 W. Oak Street
 STE, A
 Kissimmee, FL 34741

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: P/D Delete
 NAME: Graft, Frederick J,
 STREET ADDRESS: 3900 Arnold Ave
 CITY-ST-ZIP: Naples, FL 34104

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

TITLE: T/D Delete
 NAME: Newman, Bill
 STREET ADDRESS: 5827 River Rd.
 CITY-ST-ZIP: Niagara Falls, ON L2G 2K9

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

TITLE: S/D Delete
 NAME: McIlwain, Janice
 STREET ADDRESS: 13200 Southampton Drive
 CITY-ST-ZIP: Bonita Springs, FL 34105

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

TITLE: D Delete
 NAME: Whitehead, Terry
 STREET ADDRESS: 3487 Portage Rd.
 CITY-ST-ZIP: Niagara Falls, ON L2J 2K5

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

TITLE: Delete
 NAME: Folkerth, Bruce
 STREET ADDRESS: 12933 Bald Cypress Lane
 CITY-ST-ZIP: Naples, FL 34119

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: *JANICE McILWAIN* Janice McIlwain
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00
 Date

941-643-3778
 Daytime Phone #

CR2E034 (9/99)