

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029337

1. Entity Name  
HOST OF THE TOWN, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**  
05-03-2001 91102 026 \*\*\*150.00

Principal Place of Business Mailing Address  
3900 ARNOLD AVENUE 3900 ARNOLD AVENUE  
NAPLES FL 33942 NAPLES FL 33942

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

## 6. Name and Address of Current Registered Agent

WAKEFIELD, S C  
1400 W. OAK STREET  
STE. A  
KISSIMMEE FL 34741

## 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 PD  
NAME GRAFT, FREDERICK J  
STREET ADDRESS 3900 ARNOLD AVE  
CITY-ST-ZIP NAPLES FL 33942 ☐ Delete

TITLE TD  
NAME NEWMAN, BILL  
STREET ADDRESS 5827 RIVER RD  
CITY-ST-ZIP NIAGARA FALLS ON L2G-3-9 ☐ Delete

TITLE SD  
NAME MCILWAIN, JANIICE  
STREET ADDRESS 13200 SOUTHAMPTON DR  
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☐ Delete

TITLE D  
NAME WHITEHEAD, TERRY  
STREET ADDRESS 3487 PORTAGE RD  
CITY-ST-ZIP NIAGARA FALLS ON L2J-2-5 ☐ 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 like empowered.

SIGNATURE: Janiice McIlwain Janiice McIlwain 4-26-01 941-643-3778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)