FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400045042 1. Entity Name PALM COAST HOTEL ASSOCIATES, INC.					Feb 21, 2002 8:00 am Secretary of State 02-21-2002 90069 034 ***150.00			
Principal Place of Business 10 KINGSWOOD DRIVE 1030 HIGGINS RD. STE 260 PALM COAST FL 32137 US		Mailing Address C/O THE BRICTON GROUP, INC. 1030 HIGGINS RD. STE 260 PARK RIDGE IL 60068 US						
2. Principal	Place of Business	3. Mailing Address				[
Suite, Apt		Suite, Apt. #, etc.	-		DO NOT WRITE IN	THIS SPACE		
Polity & Sta	Most FL	- City & State		4.	4. FEI Number Applied For Not Applied For			
321	200011	Zip	Country	5.	Certificate of Status Desired	\$ 8.75 Ad		
0010	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Regist	Fee Require	ed	ł
		<u> </u>	Name	***************************************		orou rigoni		
	CORPORATION SYSTEM	Street A	ddress (P.O. F	is (P.O. Box Number is Not Acceptable)				
1200 PINE ISLAND ROAD								
PLANTAT	TION FL 33324							
			City	<u> </u>		FL Zip Cod	e	
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, 2002 Fee will be \$550.00 Make Check Payable to Department of State		50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
11.	OFFICERS AND DI		12.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENTON, WILLIAM 214: COLLEGE PARK PLAZA JOHNSTOWN PA 15904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	72E034 (9/01)
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	SD PORSCH, RAYMOND 214 COLLEGE PARK PLAZA JOHNSTOWN PA 15904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOHERTY, EDWARD 1030 HIGGINS ROAD, SUITE 260 PARK RIDGE IL 60068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME Street Address City-St-Zip	VD ARNONE, JAMES 214 COLLEGE PARK PLAZA JOHNSTOWN PA 60068	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST _F ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
IIIUIGAIÇU	ertify that the information supplied with the on this report or supplemental report is tru coration or the receives or trustee empowe	ie and accurate and that my s	adnamire shall na	ve the same i	ensi ettent se it made under esthi th	at Lam an officer	ar diractor 1	