

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016576

1. Entity Name

DESTINATION PALM COAST HOTEL, INC.

Principal Place of Business

HARBORSIDE INN AT PALM COAST
300 CLUBHOUSE DRIVE
PALM COAST FL 32137
US

Mailing Address

11777 SAN VICENTE BOULEVARD
SUITE 900
LOS ANGELES CA 90049-5084

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

4. FEI Number

59-3362781

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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

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

TITLE	CEO	<input type="checkbox"/> Delete
NAME	PLATT, JOHN B III	
STREET ADDRESS	430 CORONA DEL MAR	
CITY-ST-ZIP	SANTA BARBARA CA 93103	
TITLE	DCFO	<input checked="" type="checkbox"/> Delete
NAME	SEAMAN, BLEECKER P III	
STREET ADDRESS	11777 SAN VICENTE BOULEVARD, SUITE 900	
CITY-ST-ZIP	LOS ANGELES CA 90049	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	O'KEEFE, PETER R	
STREET ADDRESS	11777 SAN VICENTE BLVD, #900	
CITY-ST-ZIP	LOS ANGELES CA 90049	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GASTON, THOMAS	
STREET ADDRESS	10333 E. DRY CREEK RD #450	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KENYON, BETTY J	
STREET ADDRESS	11777 SAN VICENTE BLVD, #900	
CITY-ST-ZIP	LOS ANGELES CA 90049	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John B. Platt III	
STREET ADDRESS	26 W. Micheltorena St.,	
CITY-ST-ZIP	Santa Barbara, CA 93101-2527	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leanne Talmage	
STREET ADDRESS	11777 San Vicente Blvd., #900	
CITY-ST-ZIP	Los Angeles, CA 90049	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Leanne Talmage

Leanne Talmage February 15, 2000 310-571-4345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)