

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000036024

1. Corporation Name

FLORIDA CONFERENCE CENTER ASSOCIATES, INC.

Principal Place of Business

2700-C NW 43RD ST
GAINESVILLE FL 32606

Mailing Address

2700-C NW 43RD ST
GAINESVILLE FL 32606

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90069 048 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1996

4. FEI Number

59-3380739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2772-S NW 43 St.

Suite, Apt. #, etc.

22 City & State

23 Gainesville, FL

24 32606 25 USA

2a. Mailing Address

26 2772-S NW 43 St.

Suite, Apt. #, etc.

27 City & State

28 Gainesville, FL 32606

29 32606 30 USA

9. Name and Address of Current Registered Agent

HOLDEN, CHARLES I JR
2700-C NW 43RD ST
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name
Charles I. Holden, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)
2772-S NW 43 St.

83

84 City Gainesville FL 85 Zip Code 32606

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME REED, WILLIAM P
STREET ADDRESS 40 GLENALD WAY. NW
CITY-ST-ZIP ATLANTA GA 30327 ☐ DELETE

TITLE VD
NAME SHELL, EARL L JR
STREET ADDRESS 1380 W PACES FERRY RD
CITY-ST-ZIP ATLANTA GA 30327 ☐ DELETE

TITLE S
NAME HOLDEN, CHARLES I
STREET ADDRESS 2700-C NW 43RD ST
CITY-ST-ZIP GAINESVILLE FL 32606 ☐ DELETE

TITLE TD
NAME BARROW, M. BRANTLEY
STREET ADDRESS 1380 W PACES FERRY RD
CITY-ST-ZIP ATLANTA GA 30327 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE 3
3.2 NAME Holden, Charles I. Jr.
3.3 STREET ADDRESS 2772-S NW 43 Street
3.4 CITY-ST-ZIP Gainesville, FL 32606 ☒ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (11/98)