2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

with all other like empowered.

FILED DOCUMENT # P96000076119 May 02, 2000 8:00 am Secretary of State PHIPPS HOTELS, INC. 05-02-2000 90137 048 ***150.00 Principal Place of Business Mailing Address 3100 CAPITAL CIRCLE NE 3100 CAPITAL CIRCLE NE TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-3706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3400576 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Phipps Ventures, Inc. BOYLE, DENNIS O. Street Address (P.O. Box Number is Not Acceptable) 3110 Capital Circle NE 3110 CAPITAL CIRCLE N.E. TALLAHASSEE FL 32308 Zip Code 32308 Tallahassee e of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Change ☐ Addition Delete TITLE TITLE BOYLE, DENNIS O NAME NAME STREET ADDRESS 3100 CAPITAL CIRCLE NE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-7IP Change Addition ☐ Delete TITLE PHIPPS, JOHN E E NAME NAME 3100 CAPITAL CIRCLE NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP D --- Change ☐ Addition Delete TITLE LANE, WILLIAM H NAME 3100 CAPITAL CIRCLE NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE PHIPPS, JOHN T NAME NAME RT 9, BOX 190 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 Change ☐ Addition TITLE TITLE ☐ Delete PHIPPS, JEFFREY S NAME NAME PO BOX 14629 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32317-4629 VST Change ☐ Addition TITLE Delete TITLE WILDER, DAVID NAME NAME 3110 CAPITAL CIRCLE N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 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 extrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if