## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 27, 2002 8:00 am P96000094769 DOCUMENT # **Secretary of State** 1. Entity Name 01-27-2002 90041 013 \*\*\*150.00 GULF COAST HOSPITALITY GROUP, INC. Principal Place of Business Mailing Address 4300 GULF SHORE BOULEVARD NORTH 4300 GULF SHORE BOULEVARD NORTH NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3419479 Not Applicable Country Ziβ Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERENO, PETER R JR. Street Address (P.O. Box Number is Not Acceptable) 4300 GULF SHORE BOULEVARD NORTH NAPLES FL 34103 City 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE Addition CR2E034 (9/01 PRATT, ALAN J NAME NAME 4300 GULF SHORE BOULEVARD NORTH STREET ADDRESS STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE SERENO, CHRISTOPHER J NAME STREET ADDRESS 4300 GULF SHORE BOULEVARD NORTH STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP ☐ Delete . 🗀 Change ☐ Addition TITLE SERENO, PETER R JR. NAME NAME STREET ADDRESS 4300 GULF SHORE BOULEVARD NORTH STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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

SIGNATURE:

changed, or on an attachme