

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066835

1. Entity Name

HOSPITALITY VENTURES CORPORATION

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90037 006 ***150.00

Principal Place of Business

Mailing Address

~~2659 COUNTRY CLUB DRIVE
 CLEARWATER FL 33761~~

~~2659 COUNTRY CLUB DRIVE
 CLEARWATER FL 33935-4737~~

2. Principal Place of Business

10310 WINDSONG RD

3. Mailing Address

10310 WINDSONG RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA FL

4. FEI Number

59-3461726

Applied For

Not Applicable

Zip

33955

Country

USA

Zip

33955

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, JAY F

~~2659 COUNTRY CLUB DRIVE
 CLEARWATER FL 33761~~

Name

WILLIAMS JAY F

Street Address (P.O. Box Number is Not Acceptable)

10310 WINDSONG RD

City

PUNTA GORDA

FL

Zip Code

33955

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

Jay F Williams

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

(NOTE: Registered Agent signature required when reinstating)

2/14/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME WILLIAMS, JAY F
 STREET ADDRESS ~~2659 COUNTRY CLUB DRIVE~~
 CITY-ST-ZIP ~~CLEARWATER FL 33761~~

TITLE Change Addition
 NAME Address
 STREET ADDRESS 10310 WINDSONG RD
 CITY-ST-ZIP PUNTA GORDA, FL 33955

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 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:

Jay F Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY F WILLIAMS

2/14/00

DATE

941 833 4303

Daytime Phone #