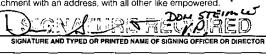
2002 UNIFORM BUSINESS REPORT (UBR)

2002 Uniform Business Report (UBR)					 ,	FILED - Apr 01, 2002 8:00 am		
DOCUMENT # P97000071067 1. Entity Name					 	Apr 01, 2002 8:00 am Secretary of State		
MINCH H	OSPITALITY CORPORATION					04-01-2002 90626 038 ***150.00		
Principal Place of Business Mailing Address					_			
4101 SW 38TH AVE 3810 NW BLITCHTON ROAD OCALA FL 34474 OCALA FL 34482 US								
2. Principal Place of Business		3. Mailing Address			1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_	DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. F	El Number 59-3464481 Applied For Not Applicable			
Zip	Country	Zip	Coun	Country		Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current		legistered Agent		Name		lame and Address of New Registered Agent		
TATE, MARK T 418 W PLATT STREET TAMPA FL 33606				Street Addres		ox Number is Not Acceptable)		
				City FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its reg SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ref 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After May 1, 2002 Make Check Payable to				d Agent signature requ IS \$150.00 will be \$550.00	ired when re			
11.	OFFICERS AND D	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEINBRENNER, HAROLD Z 3802 DR MLK BLVD LEGENDS FIE TAMPA FL 33614	□ Delete	II .			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWINDAL, STEPHEN W 3802 DR MLK BLVD LEGENDS FIE TAMPA FL 33614	□ Delete	11			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEINBRENNER, HENRY G 3802 DR MLK BLVD LEGENDS FIE TAMPA FL 33614	□ Delete	Ш		,	☐ Change ☐ Addition		
TITLE Name Street address City-St-Zip	VPSD STEIMLE, DONALD A 3810 NW BLITCHTON RD OCALA FL 34482	☐ Delete	II .	l l		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLLOY, JESSICA A 3802 DR MLK BLVD LEGENDS FIE TAMPA FL 33614	□ Delete	II .	i i		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWINDAL, JENNIFER S 3802 DR MLK BLVD LEGENDS FIE TAMPA FL 33614	□ Delete	Ш	ř		☐ Change ☐ Addition		

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 arm 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:



35-2 732 3131