## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 06, 2002 8:00 am Secretary of State P97000077554 DOCUMENT # 1. Entity Name 05-06-2002 90055 021 \*\*\*150.00 HR BAYSIDE HOTEL, INC. Principal Place of Business Mailing Address 15201 ROOSEVELT BLVD., SUITE 112 15201 ROOSEVELT BLVD., SUITE 112 CLEARWATER FL 33760 CLEARWATER FL 33760 2. Principal Place of Business 3. Mailing Address 15500 ROOSEVELT BLUD 15500 ROOSEVELT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 303 SUITE 303 City & State City & State Applied For 4. FEI Number 59-3477163 Not Applicable Zip Country Zip Country \$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 HAYDON, ROGERS K JR. Street Address (P.O. Box Number is Not Acceptable) 15201 ROOSEVELT BLVD., SUITE 112 15500 ROOSEVELT CLEARWATER FL 33760 SUITE 303 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, 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) X Change TITLE ☐ Delete TITLE Addition RUBIN. LESLIE A NAME 15201 ROOSEVELT BLVD., SUITE 112 15500 ROOSEVELT STREET ADDRESS STREET ADDRESS CLEARWATER FL 33760 CITY-ST-ZIP CITY-ST-ZIP Delete 📉 Change TITLE ☐ Addition HAYDON, ROGERS K JR. NAME NAME ROOSEVELT 15201 ROOSEVELT BLVD., SUITE 112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33760 CITY-ST-7IP TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 is changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED**