

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079779

1. Entity Name
HOSPITALITY REALTY INTERNATIONAL, INC.

Principal Place of Business

5630 1ST AVE. NORTH
ST. PETERSBURG FL 33710

Mailing Address

5630 1ST AVE. NORTH
ST. PETERSBURG FL 33710

change see below

2. Principal Place of Business

118 94TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

118 94TH AVENUE

Suite, Apt. #, etc.

City & State

TREASURE ISL: FL

City & State

TREASURE ISL: FL

Zip

33706

Country

USA

Zip

33706

Country

USA

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K
401 S LINCOLN AVE
CLEARWATER FL 33756

4. FEI Number

59-3533182

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Barbara J Bicknell

(NOTE: Registered Agent signature required when reinstating)

Jan 5, 2002

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, 2002 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

TITLE NAME P BICKNELL, BARBARA J
STREET ADDRESS 5630 1ST AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

Barbara J Bicknell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 5 2002

Date

Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90004 018 ***150.00

800084



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)