

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90085 040 ***150.00

DOCUMENT # P98000095010

1. Entity Name
HOSPITALITY DEVELOPMENT INTERNATIONAL, INC.

Principal Place of Business

235 S MAITLAND AVENUE
SUITE 216
MAITLAND FL 32751

Mailing Address

235 S MAITLAND AVENUE
SUITE 216
MAITLAND FL 32751

2. Principal Place of Business

5 Oneida Lane
 Suite, Apt. #, etc.

3. Mailing Address

5 Oneida Lane
 Suite, Apt. #, etc.
Sea Ranch

City & State

Sea Ranch Lakes

City & State

Sea Ranch Lakes

Zip

FL

Country

USA

Zip

FL

Country

33308

6. Name and Address of Current Registered Agent

WALKER, BERRY J JR
235 S MAITLAND AVENUE
SUITE 216
MAITLAND FL 32751

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/02

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 ☐ Delete
NAME **D WALKER, BERRY J JR**
STREET ADDRESS **235 S MAITLAND AVENUE STE 216**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ Delete
NAME **PD FANIZZA, MARY**
STREET ADDRESS **5 ONEIDA LANE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.02 954.9422204

Date

Daytime Phone #

CR2E034 (9/01)