

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 13, 2000 8:00 am**  
**Secretary of State**

06-13-2000 90010 008 \*\*\*550.00

662470

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 899000035676  
**1. Entity Name**  
**ZIEG HOSPITALITY CORPORATION**

<b>Principal Place of Business</b> 6231 Lake Osprey Drive Sarasota, FL 34240 US	<b>Mailing Address</b> 3810 NW Blitchton Road Ocala, FL 34482 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 59-3578291	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
**Jeffrey Shannon**  
**Fowler, White, Gillen, Boggs, Villareal**  
**and Banker, P.A.**  
**501 East Kennedy Blvd.**  
**Tampa, FL 33602**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ 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**

TITLE	<b>President &amp; Director</b> <input type="checkbox"/> Delete
NAME	<b>Harold Z. Steinbrenner</b>
STREET ADDRESS	<b>1 Steinbrenner Drive</b>
CITY - ST - ZIP	<b>Tampa, FL 33614</b>
TITLE	<b>Vice-President &amp; Director</b> <input type="checkbox"/> Delete
NAME	<b>Donald A. Steimle</b>
STREET ADDRESS	<b>3810 NW Blitchton Road</b>
CITY - ST - ZIP	<b>Ocala, FL 34482</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Donald A. Steimle **Donald A. Steimle** **6/6/00** **352/732-3131**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/00)