## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 23, 2001 8:00 am Secretary of State DOQUMENT # P99000035676 ZIEG HOSPITALITY CORPORATION 04-23-2001 90213 036 \*\*\*150.00 Principal Place of Business Mailing Address 6231 LAKE OSPREY DRIVE 3810 NW BLITCHON ROAD SARASOTA FL 34240 OCALA FL 34482 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3578291 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHANNON, JEFFREY C Street Address (P.O. Box Number is Not Acceptable) 501 E KENNEDY BLVD, SUITE 1700 **TAMPA FL 33602** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE STEINBRENNER, HAROLD Z NAME NAME STREET ADDRESS STREET ADDRESS 1 STEINBRENNER DRIVE CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33614 ☐ Change ☐ Addition Delete TITLE TITLE STEIMLE, DONALD A NAME NAME STREET ADDRESS STREET ADDRESS 3810 NW BLITCHTON ROAD CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34482 Delete TITLE~ ☐ Change - - □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date