

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059804

1. Entity Name

DRIFTWOOD HOSPITALITY I, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90089 001 ***450.00

Principal Place of Business

312 CLEMATIS STREET
SUITE 306
WEST PALM BEACH FL 33401

Mailing Address

312 CLEMATIS STREET
SUITE 306
WEST PALM BEACH FL 33401-4617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0895439

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEISSLER, ROBERT I
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130

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

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	PD	☐ Delete
NAME	DAVID BUDDMEYER	
STREET ADDRESS	312 CLEMATIS ST, SUITE 306	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	DVS	☐ Delete
NAME	CHARLES M. DIAZ	
STREET ADDRESS	312 CLEMATIS ST., SUITE 306	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VT	☐ Delete
NAME	PHILLIP HALE	
STREET ADDRESS	312 CLEMATIS ST, SUITE 306	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	V	☐ Delete
NAME	PETER WALZ	
STREET ADDRESS	312 CLEMATIS ST., SUITE 306	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
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	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/00

CR20034 (9/99)