## **2001 UNIFORM BUSINESS REPORT (UBR)**

GLICHRIST EXECUTIVE RETREAT AND CONFERENCE CENTE  Principal Place of Business 80 CENTRAL AVE 80	DOCUMENT # P99000102821  1. Entity Name						pag - g		
SCENTRIAL AVE  2. Principal Place of Blusiness  3. Mailing Address  Sulfe, April R. etc.  City & State  City & Sta	,					FILED			
SCENTRIAL AVE  2. Principal Place of Blusiness  3. Mailing Address  Sulfe, April R. etc.  City & State  City & Sta						O1 APR :	30 PM 6: 42	2	
Surte, Apt. #, etc.  Sulte, Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number	,					_			
Sulle, Apt. #, etc.    Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   DO NOT WRITE IN THIS SPACE								1	
City & State    Country   Zip   Country   Sp. Certificate of Status Desired   Status Desired Desired   Status Desired Desired   Status Desired Desired   Status Desired Desired	Principal Place of Business     3. Mailing Address								
Zip Country Zip Country S. Certificate of Status Desired Season S	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE I	N THIS SPACE		
5. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  DELANO, G. KRISTIN 380 CENTRAL AVE ST PETERSBURG FL 33701  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  City  City  City  FL  Zip Code  City  C	City & Stat	e	City & State		4.	FEI Number <b>59-3610328</b>	<del></del>	<del> </del>	
DELAND, G. KRISTIN 360 CENTRAL AVE ST PETERSBURG FL 33701  City FL  City FL  City FL  Zip Code  Code  Code  City FL  Zip Code  Code  City FL  Zip Code  C	Zip	Country	Zip	Country	5.	Certificate of Status Desired			
DELANO, G. KRISTIN 360 CENTRAL AVE ST PETERSBURG FL 33701  City FL Zip Code  City FL Zip Code  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, speed as printer care of registered agent and the f apoticition.  9. This corporation is eligible to satisfy its Intangible Task filing requirement and elicits to do so.   Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  11. DEMANCE STREET ADDRESS 15 STREET AD		6. Name and Address of Current F	legistered Agent		7.	Name and Address of New Regi	stered Agent		
SIGNATURIE  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.  SIGNATURIE  9. This corporation is eligible to satisfy its Intangible Tay filing requirement and elects to do so.  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  OFFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:  TITLE  MENKE, ROBERT M  MORE CENTRAL AVE  STREET ADDRESS  STREET ADDR	-	LUC O KRIOTIN		Name	Name				
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 perited frame of inguismed agent and side of accidable. (NOTE Pregistered agent, or both, in the State of Florida.  PATE  9. This corporation is eligible to satisfy its Intangible Task filing requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  MENNER, ROBERT M  90 CENTRAL AVE  ST PETERSBURG FL 33701  THE  MAKE  STRET ADDRESS  CITY-ST-2P  ST PETERSBURG FL 33701  THE  MAKE  STRET ADDRESS  ST PETERSBURG FL 33701  THE  MAKE  STRET ADDRESS  OCHY-ST-2P  ST PETERSBURG FL 33701  THE  MA				Street A	t Address (P.O. Box Number is Not Acceptable)				
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, tipose or printed name of registered agent and the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE   Signature, tipose or printed name of registered agent and the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE   Signature, tipose or printed name of registered agent and the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE   Signature, tipose or printed name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, tipose or printed name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, tipose or printed name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, tipose or printed name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, tipose or printed name of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, tipose or printed name of registered agent, or both, in the State of Florida.  Signature, tipose or printed name of registered agent, or both, in the State of Florida.  Signature, tipose or printed name of registered agent, or both, in the State of Florida.  Signature requires agent agent agent and the floridation of the Signature required agent reinduction of the Signature required agent ag	ST PETERSBURG FL 33701								
SIGNATURE    Signature, typoed or printed name of registered agent and sile it applicable.   (NOTE Registered Apent signature required when reinstating)   DATE				City		.a.w.,	FL Zip Code	e	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State   Trust Fund Contribution.   \$5.00 May Be Added to Fees	8. The above	named entity submits this statement for	the purpose of changing its r	egistered office o	r registered a	gent, or both, in the State of Florid	a.		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State   Trust Fund Contribution.   \$5.00 May Be Added to Fees	SIGNATI IDE								
Tax filing requirement and elects to do so.  (See criteria on back)  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  To Fricers And Directors  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE D MENKE, ROBERT M STREET ADDRESS STREET ADDRESS STORY ST.2P ST PETERSBURG FL 33701  THLE DV MEEHAN, DAVID K STREET ADDRESS STORY ST.2P  THLE DV MEEHAN, DAVID K STREET ADDRESS ST PETERSBURG FL 33701  THLE DV MENKE, ROBERT G ST PETERSBURG FL 33701  THLE DV MENKE, ROBERT G ST PETERSBURG FL 33701  THLE DV MENKE, ROBERT G ST PETERSBURG FL 33701  THLE DT MENKE, ROBERT G ST PETERSBURG FL 33701  THLE DT DEIDN'S T.2P ST PETERSBURG FL 33701  THLE DS ST PETERSBURG F	SIGNATORE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signa	ture required when	reinstating)	DATE		
12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	Tax filing (	requirement and elects to do so.	After MAY 1, 200	1, 2001 Fee will be \$550.00		' -			
MENKE, ROBERT M   STREET ADDRESS   ST PETERSBURG FL 33701   Delete   MENKE, ROBERT M   360 CENTRAL AVE   STREET ADDRESS   CITY-ST-ZIP   STREET ADDRESS   CITY-ST-ZIP   STREET ADDRESS   CITY-ST-ZIP   ST PETERSBURG FL 33701   Delete   MENKE, ROBERT G   STREET ADDRESS   CITY-ST-ZIP   ST PETERSBURG FL 33701   Delete   MAME   STREET ADDRESS   ST PETERSBURG FL 33701   STREET ADDRESS   ST PETERSBURG FL 33701   Delete   MAME   STREET ADDRESS   ST PETERSBURG FL 33701   STREET ADDRESS							TO ALIO DIDEOTOD	0.157.44	
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STREET ADDRESS   STRE		l -	L. Delete						
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CITY-ST-ZIP  ST PETERSBURG FL 33701  CITY-ST-ZIP  MENKE, ROBERT G  MENKE, ROBERT G  MENKE, ROBERT G  STREET ADDRESS  CITY-ST-ZIP  ST PETERSBURG FL 33701  TITLE  DT  HUSSEMANN, EDWIN C  STREET ADDRESS  CITY-ST-ZIP  ST PETERSBURG FL 33701  TITLE  DS  STREET ADDRESS  CITY-ST-ZIP  ST PETERSBURG FL 33701  TITLE  DS  DELANO, G. KRISTIN  STREET ADDRESS  CITY-ST-ZIP  DELANO, G. KRISTIN  STREET ADDRESS  CITY-ST-ZIP  ST PETERSBURG FL 33701  TITLE  DELANO, G. KRISTIN  STREET ADDRESS  CITY-ST-ZIP  ST PETERSBURG FL 33701  TITLE  DELANO, G. KRISTIN  STREET ADDRESS  CITY-ST-ZIP  ST PETERSBURG FL 33701  TITLE  DELANO, G. KRISTIN  STREET ADDRESS  CITY-ST-ZIP  ST PETERSBURG FL 33701  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  ST PETERSBURG FL 33701  TITLE  MAME  BRUBAKER, RICHARD M  360 CENTRAL AVE  STREET ADDRESS  CITY-ST-ZIP  ST PETERSBURG FL 33701  TITLE  MAME  BRUBAKER, RICHARD M  360 CENTRAL AVE  STREET ADDRESS  ST PETERSBURG FL 33701  TITLE  MAME  BRUBAKER, RICHARD M  360 CENTRAL AVE  STREET ADDRESS  ST PETERSBURG FL 33701  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  ST PETERSBURG FL 33701  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  ST PETERSBURG FL 33701  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  ST PETERSBURG FL 33701	NAME								
DV   Delete   DV   MENKE, ROBERT G   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   ST PETERSBURG FL 33701   Delete   TITLE   MAME   MUSSEMANN, EDWIN C   MAME   MAME   MUSSEMANN, EDWIN C   MAME   MAME   MUSSEMANN, EDWIN C   MAME   MUSSEMANN, EDWIN C   MAME									
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STREET ADDRESS CITY-ST-ZIP  TITLE  DT  HUSSEMANN, EDWIN C  360 CENTRAL AVE  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DS  DELANO, G. KRISTIN  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE  DS  DELANO, G. KRISTIN  360 CENTRAL AVE  STREET ADDRESS CITY-ST-ZIP  TITLE  DS  DELANO, G. KRISTIN  360 CENTRAL AVE  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP		- '	L. Delete				change		
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HUSSEMANN, EDWIN C 360 CENTRAL AVE STREET ADDRESS CITY-ST-ZIP  TITLE DS DELANO, G. KRISTIN STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE DELANO, G. KRISTIN STREET ADDRESS CITY-ST-ZIP  TITLE SVP Lassiter, Richard W. STREET ADDRESS CITY-ST-ZIP St. Petersburg, FL 33701  TITLE NAME BRUBAKER, RICHARD M 360 CENTRAL AVE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33701  TITLE NAME STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33701  TITLE NAME STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33701  TITLE NAME STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33701	CITY-ST-ZIP			CITY-ST-ZIP					
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CITY-SI-ZIP ST PETERSBURG FL 33701  CITY-SI-ZIP  DELANO, G. KRISTIN  STREET ADDRESS CITY-SI-ZIP  ST PETERSBURG FL 33701  Delete  TITLE  NAME  STREET ADDRESS CITY-SI-ZIP  ST PETERSBURG FL 33701  Delete  TITLE  V  Delete  TITLE  SVP  Lassiter, Richard W.  STREET ADDRESS CITY-SI-ZIP  St. Petersburg, FL 33701  Change  Addition  NAME  STREET ADDRESS CITY-SI-ZIP  ST PETERSBURG FL 33701  CITY-SI-ZIP  SVP  Change  Addition  NAME  STREET ADDRESS CITY-SI-ZIP  ST PETERSBURG FL 33701	NAME	· · · · · · · · · · · · · · · · · · ·							
TITLE DS DELANO, G. KRISTIN  STREET ADDRESS CITY-ST-ZIP NAME  BRUBAKER, RICHARD M STREET ADDRESS CITY-ST-ZIP		1							
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STREET ADDRESS CITY-ST-ZIP  ST PETERSBURG FL 33701  TITLE  NAME  BRUBAKER, RICHARD M  STREET ADDRESS CITY-ST-ZIP  BRUBAKER, RICHARD M  STREET ADDRESS CITY-ST-ZIP  ST PETERSBURG FL 33701  STREET ADDRESS CITY-ST-ZIP  ST PETERSBURG FL 33701  STREET ADDRESS CITY-ST-ZIP  ST PETERSBURG FL 33701  STREET ADDRESS CITY-ST-ZIP	NAME		TT DEIGIE			er, Richard W.	Ghange	, iouitori	
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CITY-ST-ZIP ST PETERSBURG FL 33701 CITY-ST-ZIP	PATRICE .	•		E		TO TO			
131 F21EN000NG 1 E 30701				•		4 <b>(A</b>			
			his filing dogs not qualify for t		l ted in Section	119 07/3)(i) Florida Statutos Litu	ther pertify that the in	oformation	

of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an affachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Kristin Delano 4/23/2001 (727) 823-4000