CR2E034 (10/00)

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # \$14445** BANWICKMEN HOSPITALITY MANAGEMENT, INC. 04-24-2001 90280 035 ***158.75 Principal Place of Business Mailing Address 2500 NW 55TH CT 2500 NW 55TH CT STE 210 STE 210 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 US 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 65-0304913 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 166.10 CAPITAL CONNECTION INC. 417 E. VIRGINIA ST. SUITE 1 TALLAHASSEE FL 32301 City Caudedale 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 W. BANGERTER 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete TITLE TITLE NAME BANGERTER, PHILLIP W. NAME STREET ADDRESS STREET ADDRESS 614 FIFTH KEY DR CITY-ST-ZIP CITY-ST-ZIE FT. LAUDERDALE FL TITLE D۷ ☐ Delete TITLE ☐ Change NAME HICKMAN, RANDAL D. NAME STREET ADDRESS STREET ADDRESS 617 FIFTH KEY DR CITY-ST-ZIP CITY-ST-ZIP <u>ft. Lauderdale fi</u> TITLE ☐ Delete ☐ Change ☐ Addition NAME WINN, GREGORY M. NAME STREET ADDRESS STREET ADDRESS 617 FIFTH KEY DR CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 effect 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.