

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 26, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # S50877**

1. Entity Name  
 TEMPORARY LODGING CORPORATION., INC.

Principal Place of Business  
 815 S. MAIN STREET  
 6TH FLOOR  
 JACKSONVILLE FL 32207 US

Mailing Address  
 POST OFFICE BOX 48088  
 JACKSONVILLE FL 322478088 US

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

4. FEI Number  
**59-3067062**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 PRICE, ROBERT J.  
 815 S. MAIN ST.  
 6TH FLOOR  
 JACKSONVILLE FL 32254 US

7. Name and Address of New Registered Agent  
 Name  
 PRICE, ROBERT J.  
 Street Address (P.O. Box Number is Not Acceptable)  
 815 S. MAIN ST.  
 6TH FLOOR  
 City JACKSONVILLE FL Zip Code 32207

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 \_\_\_\_\_ DATE **04/26/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	COO VAUGHN BARRY S 815 S. MAIN STREET JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOYLE GEORGE W 815 S. MAIN STREET JACKSONVILLE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BELL, A. QUINN 815 S. MAIN STREET JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD PRICE, ROBERT J. 815 S. MAIN STREET JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRICKLAND, BARBARA S. 815 S. MAIN STREET JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO SUDDATH, STEPHEN M. 815 S. MAIN STREET JACKSONVILLE FL <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO VAUGHN BARRY S 815 S. MAIN STREET JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BELL, A. QUINN 815 S. MAIN STREET JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD PRICE, ROBERT J. 815 S. MAIN STREET JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRICKLAND, BARBARA S. 815 S. MAIN STREET JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO SUDDATH, STEPHEN M. 815 S. MAIN STREET JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: ROBERT J. PRICE V Date 04/26/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)