

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S74253**

1. Entity Name

**FLORIDA HOSPITALITY SERVICES, INC.**

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90067 035 \*\*\*150.00

Principal Place of Business

Mailing Address

**501 E. CAMINO REAL  
BOCA RATON FL 33432-6127**

**501 E. CAMINO REAL  
BOCA RATON FL 33432-6127**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0301371**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLEIN, RONALD J ESQ  
SACHS & SAX, P A  
301 YAMATO ROAD, STE. 4150  
BOCA RATON FL 33431**

Name  
**American Information Services, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)

**One S. E. Third Avenue, 28th Floor**

City **Miami**

**FL**

Zip Code **33131**

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.

**American Information Services, Inc.**

SIGNATURE *Nery C. Toledo, Asst. Sec.*

**Nery C. Toledo, Asst. Sec.**

**4/21/00**

Signature of 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GLENNIE, MICHAEL F</b> <b>501 E. CAMINO REAL</b> <b>BOCA RATON FL 33432</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-P</b> <b>Glennie, Michael L.</b> <b>501 E. Camino Real</b> <b>Boca Raton, FL 33431</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. ROCHON, RICHARD C.</b> <b>Rochon, Richard C.</b> <b>501 E. Camino Real</b> <b>Boca Raton, FL 33431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-P/D</b> <b>Pierce, William W.</b> <b>501 E. Camino Real</b> <b>Boca Raton, FL 33431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-P/T</b> <b>Dauria, Steven M.</b> <b>501 E. Camino Real</b> <b>Boca Raton, FL 33431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V-P/S</b> <b>Handley, Richard L.</b> <b>501 E. Camino Real</b> <b>Boca Raton, FL 33431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**William M. Pierce, Vice President**

(561) 447-3000

Date

Daytime Phone #

CR2E034 (9/99)