

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90442 046 \*\*\*150.00

**DOCUMENT # F99000006388**

1. Entity Name  
**HEARTLAND HOTEL CORPORATION**

DUU4J00J



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**123 THIRD AVE. S.W.  
 CEDAR RAPIDS IA 52404**

Mailing Address  
**123 THIRD AVE. S.W.  
 CEDAR RAPIDS IA 52404**

|   |   |
|---|---|
| 2. Principal Place of Business<br><i>101 Third Ave SW</i> | 3. Mailing Address<br><i>101 Third Ave SW</i> |
| Suite, Apt. #, etc.<br><i>Suite 400</i>                   | Suite, Apt. #, etc.<br><i>Suite 400</i>       |
| City & State<br><i>Cedar Rapids IA</i>                    | City & State<br><i>Cedar Rapids IA</i>        |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>42-1358130</b> | Applied For<br><input type="checkbox"/>    |
|                                    | Not Applicable<br><input type="checkbox"/> |

|                     |                       |                     |                       |   |                                       |
|---------------------|-----------------------|---------------------|-----------------------|---|---------------------------------------|
| Zip<br><i>52404</i> | Country<br><i>USA</i> | Zip<br><i>52404</i> | Country<br><i>USA</i> | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---------------------|-----------------------|---------------------|-----------------------|---|---------------------------------------|

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>HADRICK, DAVID<br/>GRAND KEY RESORT, 3990 S. ROOSEVELT BLVD.<br/>KEY WEST FL 33040</b> | 7. Name and Address of New Registered Agent<br>Name <i>Feldman Koenig &amp; Highsmith, P.A.</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>3158 Northside Drive</i><br>City <i>Key West</i> FL Zip Code <i>33040</i> |
|--|---|

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 *Timothy N. Rackham* president, *Feldman Koenig & Highsmith, P.A.*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE *4-25-01*

|  |   |   |                                    |
|--|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br>After MAY 1, 2001 Fee will be \$550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPT<br/>RACKHAM, DERICK<br/>5054 WINTER COURT<br/>CEDAR RAPIDS IA 52411</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VS<br/>SMITH, JAMES R<br/>5113 SILVER LAKE DR.<br/>PLANO TX 75093</b> <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Derick Rackham* **Derick Rackham** *4-20-01* *319-363-8613*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)