

EXHIBIT B

Gilliam et al. v. HBE Corporation, d/b/a Adam's Mark Hotels, State of Florida v. HBE Corporation, d/b/a Adam's Mark Hotels, Civil No. 99-596-CIV-ORL-22C

CLAIM FORM

IMPORTANT: In order to be considered for a monetary award from the settlement of this case, you must complete and sign this claim form under oath subject to the penalty of perjury, attach a copy of a state-approved form of photo identification, and mail these items to the Claims Administrator, postmarked on or before March 15, 2002. No late claim forms will be considered.

I. GENERAL INFORMATION

1. Name: _____
(First) (Middle) (Last)

Prior Name: _____
(First) (Middle) (Last)
(must be supplied if you have changed your name after 1999 BCR)

2. Mailing Address: _____
(Street or P.O. Box) (Apt. No.)

(City) (State) (Zip Code)

3. Telephone Nos.: _____ / _____ - _____ (day)
_____ / _____ - _____ (evening)
_____ / _____ - _____ (mobile)
_____ / _____ - _____ (pager)

4. Date of Birth: ____ / ____ / ____ (month/day/year)

5. Social Security Number: ____ -- ____ -- _____

II. CLAIM INFORMATION

6. Were you a registered guest at the Daytona Beach Adam's Mark Hotel or did you stay in a room at the Daytona Beach Adam's Mark Hotel overnight as part of a rooming group on April 9, 1999 and/or April 10, 1999 during BCR? _____ Yes or _____ No

7. If yes, state the name and telephone number of the persons who stayed in the room with you:

Roomate #1

(First) (Middle) (Last)
Telephone Nos.:
_____/_____-_____
(day) (evening)

Roomate #2

(First) (Middle) (Last)
Telephone Nos.:
_____/_____-_____
(day) (evening)

Roomate #3

(First) (Middle) (Last)
Telephone Nos.:
_____/_____-_____
(day) (evening)

8. I have attached a copy of a state-approved form of photo identification to this claim form.

_____ Yes

9. Do you wish to donate your entire share of the Injured Consumers Fund settlement proceeds to Florida's historically Black colleges and universities (Florida Agricultural and Mechanical University, Bethune-Cookman College, Edward Waters College, and Florida Memorial College)?

_____ Yes

_____ No

I declare under penalty of perjury that the foregoing is true and correct. I understand that I could be subject to criminal penalties for filing a false claim form or providing any false information on this claim form.

Signature

STATE OF _____

COUNTY OF _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 200__,
by _____, who has produced _____ as identification.

Notary Public

Printed Name:

My Commission Expires:

You must have your signature notarized by a notary public and attach a copy of a state approved form of photo identification (driver's license or other identification) for this claim form to be valid.

MAIL THIS FORM ALONG WITH A COPY OF YOUR STATE-APPROVED FORM OF PHOTO IDENTIFICATION TO:

Lewis B. Freeman & Partners, Inc.
P.O. Box 339085
Miami, Florida 33233-9085

THIS CLAIM FORM MUST BE POSTMARKED ON OR BEFORE MARCH 15, 2002. LATE CLAIM FORMS WILL NOT BE CONSIDERED.