

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04390396 AV

04-28-2003 91879 001 \*1,050.00

**DOCUMENT # F94000004423**



1. Entity Name  
**INNKEEPERS HOSPITALITY, INC.**

Principal Place of Business <b>340 ROYAL POINCIANA WAY SUITE 302 PALM BEACH FL 33480 US</b>	Mailing Address <b>340 ROYAL POINCIANA WAY SUITE 302 PALM BEACH FL 33480 US</b>
--	--



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 **65-0501405**      Applied For  
Not Applicable

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FISHER, JEFFREY  
302 ROYAL POINCIANA WAY  
PALM BEACH FL 33480**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FISHER, JEFFREY H</b>	
STREET ADDRESS	<b>302 ROYAL POINCIANA WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WEBB, RANDALL</b>	
STREET ADDRESS	<b>302 ROYAL POINCIANA WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>POLLAK, ROGER</b>	
STREET ADDRESS	<b>302 ROYAL POINCIANA WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>COHEN, PHILLIP</b>	
STREET ADDRESS	<b>362 ROYAL POINCIANA WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Roger Pollak **REQUIRED** Roger Pollak      Date 2/3/03      Daytime Phone # 561-655-9001

CR2E034 (10/02)