

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90060 021 ***150.00

DOCUMENT # F97000000054

1. Entity Name

INNKEEPERS HOSPITALITY II, INC.

Principal Place of Business

Mailing Address

340 ROYAL POINCIANA WAY
 SUITE 302
 PALM BEACH FL 33480
 US

340 ROYAL POINCIANA WAY
 SUITE 302
 PALM BEACH FL 33480-4043
 US

00008780



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0606207

Applied For

Not Applied For

Zip

Country

Zip

Country

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

FISHER, JEFFREY
 302 ROYAL POINCIANA WAY
 PALM FL

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.

SIGNATURE

Signature, typed 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, FREDERIC	
STREET ADDRESS	302 ROYAL POINCIANA WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANGLEY, JOHN	
STREET ADDRESS	302 ROYAL POINCIANA WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	AS	<input type="checkbox"/> Delete
NAME	POLLAK, ROGER	
STREET ADDRESS	302 ROYAL POINCIANA WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, JEFFREY	
STREET ADDRESS	306 ROYAL POINCIANA WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, FREDERIC	
STREET ADDRESS	302 ROYAL POINCIANA WAY	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGLEY, JOHN	
STREET ADDRESS	302 ROYAL POINCIANA WAY	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	SECRETARY / TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLAK, ROGER	
STREET ADDRESS	302 ROYAL POINCIANA WAY	
CITY-ST-ZIP	PALM BEACH, FL 33480	
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		

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: *X Roger Pollak*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00 (301)655-9001

Date

Daytime Phone #