2001 UNIFORM BUSINESS REPORT (UBR)

200	1 UNIFORM BUS	INESS REPO	RT (UB	R)	(-150.00-)			
DOCUMENT # F9600003605					FILED			
1. Entity Name BOYKIN LODGING COMPANY								
DOTTMIN	LODGING CON ANT					PM 6-38	1.	
Principal Plac	ce of Business	Mailing Address	<u></u>		SECRETARY TALLAHASSÉ	OF STATE		
S W PROSPECT AVE SUILDHALL BLDG. #1500 CLEVELAND OH 44115 IS		45 W PROSPECT AVE GUILDHALL BLDG. #1500 CLEVELAND OH 44115 US					1 1 611 1 61 1	
2. Principal I	Place of Business	3. Mailing Address						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 34-1824586	 	lied For Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Additi	ional	
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Address of New Registe	red Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				reet Address (P.O. Box Number is Not Acceptable)				
_	NTATION FL 33324					<u> </u>		
			City		······································	FL Zip Code		
8. The above	e named entity submits this statement for	the purpose of changing its r	egistered office	or registered ac		- 1		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent sign	ature required when r	reinstating) D.	ATE		
9. This corporation is eligible to satisfy its Intangible Tax thing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Star		550.00				
11.	OFFICERS AND I	DIRECTORS	12.	AC	DDITIONS/CHANGES TO OFFICERS			
TITLE NAME	CD Boykin, Robert W	☐ Delete	TITLE NAME			Change	Addition Addition	
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS					
TITLE	vs	☐ Delete	TITLE		40000415		☐ Addition	
NAME STREET ADDRESS	ALEXANDER, ANDREW C \$\text{45 W PROSPECT AVE #1500 GUILDHALL BLDG}		NAME STREET ADDRESS		-05/11/01	U1UU3U	JIJS	
CITY-ST-ZIP	CLEVELAND OH 44115		CITY-ST-ZIP	 	****231.7	25 ****156		
TITLE NAME	V BISHOP, MARK L	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	45 W PROSPECT AVE., #1500, GUILDHALL BLDG							
CITY-ST-ZIP	CLEVELAND OH 44115		CITY-ST-ZIP	<u> </u>				
TITLE Name	D ADAMS, ABLERT T	☐ Delete	TITLE . NAME			☐ Change	Addition	
STREET ADDRESS	1900 E NINTH ST, STE 3200		STREET ADDRESS					
CITY-ST-ZIP	CLEVELAND OH		CITY-ST-ZIP		<u> </u>			
TITLE	D	☐ Delete	TITLE		15/12	☐ Change	☐ Addition	
NAME STREET ADDRESS	HOWLEY, LEE C 30400 Detroit RD, Ste 401		NAME STREET ADDRESS		$\int_{\Gamma} \int_{\Gamma} \int_{\Gamma$			
CITY-ST-ZIP	WESTLAKE OH		CITY-ST-ZIP	<u> </u>	Var V			
TITLE	Τ	☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS	PAUL A O'NEIL	MINUALI RING	NAME STREET ADDRESS		- 1			
140 WILLIAM EST AVE., #1000, GOILDINGE DEDG			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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
AND C. Alexander. Assistant Sec 04/18/01 Date

430-1200