

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0096 10 AT

**DOCUMENT # F96000003605**

1. Entity Name  
**BOYKIN LODGING COMPANY**

04-01-2002 90674 024 \*\*\*150.00

Principal Place of Business  
**45 W PROSPECT AVE**  
**GUILDHALL BLDG. #1500**  
**CLEVELAND OH 44115**  
**US**

Mailing Address  
**45 W PROSPECT AVE**  
**GUILDHALL BLDG. #1500**  
**CLEVELAND OH 44115**  
**US**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **34-1824586**  
 Applied For  
 Not Applicable

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**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ (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, 2002 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**

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

TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>BOYKIN, ROBERT W</b>	
STREET ADDRESS	<b>45 W PROSPECT AVE., #1500, GUILDHALL BLDG</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44115</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>ALEXANDER, ANDREW C</b>	
STREET ADDRESS	<b>45 W PROSPECT AVE #1500 GUILDHALL BLDG</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44115</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BISHOP, MARK L</b>	
STREET ADDRESS	<b>45 W PROSPECT AVE., #1500, GUILDHALL BLDG</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44115</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ADAMS, ABLERT T</b>	
STREET ADDRESS	<b>1900 E NINTH ST, STE 3200</b>	
CITY-ST-ZIP	<b>CLEVELAND OH</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOWLEY, LEE C</b>	
STREET ADDRESS	<b>30400 DETROIT RD, STE 401</b>	
CITY-ST-ZIP	<b>WESTLAKE OH</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PAUL A O'NEIL</b>	
STREET ADDRESS	<b>45 W PROSPECT AVE., #1500, GUILDHALL BLDG</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44115</b>	

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 checked="" type="checkbox"/> Addition
NAME	<b>CONTI, RICHARD C.</b>	
STREET ADDRESS	<b>45 W. Prospect Ave., #1500, Guildhall Bldg.</b>	
CITY-ST-ZIP	<b>Cleveland, Ohio 44115</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T SPEAR, JOHN E.</b>	
STREET ADDRESS	<b>45 W. Prospect Ave., #1500 Guildhall Bldg.</b>	
CITY-ST-ZIP	<b>Cleveland, Ohio 44115</b>	

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** \_\_\_\_\_

**March 19, 2002 (216) 430-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Andrew C. Alexander, Vice President**

Date Daytime Phone #

CR2E034 (9/01)