

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0151026 MB

DOCUMENT # F01000001729

1. Entity Name

FLORIDA HOTEL ACQUISITION COMPANY



Principal Place of Business

11100 SANTA MONICA BLVD., SUITE 500  
LOS ANGELES CA 90025

Mailing Address

11100 SANTA MONICA BLVD., SUITE 500  
LOS ANGELES CA 90025

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

95-4849448

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

Brian Courtney  
Asst. V. Pres

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/31/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00  
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 PD ☐ Delete  
NAME MCSWEEN, ROBERT  
STREET ADDRESS 230 PARK AVENUE, 14TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10169

TITLE VD ☐ Change ☒ Addition  
NAME SANDS, ANDREW I.  
STREET ADDRESS 11100 SANTA MONICA BLVD., SUITE 500  
CITY-ST-ZIP LOS ANGELES, CA 90025

TITLE VD ☒ Delete  
NAME WICKSER, P. JOHN  
STREET ADDRESS 11100 SANTA MONICA BLVD., SUITE 500  
CITY-ST-ZIP LOS ANGELES CA 90025

TITLE VSD ☒ Change ☐ Addition  
NAME MUTH, BRADLEY J.  
STREET ADDRESS 676 N. MICHIGAN AVE., SUITE 3350  
CITY-ST-ZIP CHICAGO, IL 60611

TITLE S ☒ Delete  
NAME ENSBURY, LINDA K  
STREET ADDRESS 11100 SANTA MONICA BLVD., SUITE 500  
CITY-ST-ZIP LOS ANGELES CA 90025

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME DHARANI, YASMIN G  
STREET ADDRESS 11100 SANTA MONICA BLVD., SUITE 500  
CITY-ST-ZIP LOS ANGELES CA 90025

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME MUTH, BRADLEY J  
STREET ADDRESS 676 NORTH MICHIGAN AVE., SUITE 3350  
CITY-ST-ZIP CHICAGO IL 60611

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone \*

12/16/03

CR2E034 (4/03)

FILED  
03 DEC 24 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 5

☐ CHECK HERE IF MAKING CHANGES



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 372639 4304492

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 750.00

ORDER DATE : December 23, 2003

ORDER TIME : 1:23 PM

ORDER NO. : 372639-015

CUSTOMER NO: 4304492

CUSTOMER: Ms. Christine A. Kohn  
Piper Rudnick Llp  
Suite 1800  
203 North Lasalle Street  
Chicago, IL 60601-1293

REINSTATEMENT

NAME: FLORIDA HOTEL ACQUISITION  
COMPANY

XX ANNUAL REPORT/REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 2915

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
03 DEC 24 PM 2:54  
DIVISION OF CORPORATION