

2002 UNIFORM BUSINESS REPORT (UBR)

4/24

FILED
May 29, 2002 8:00 am
Secretary of State

04-24-2002 90379 044 ***150.00

DOCUMENT # F01000005419

Entity Name
192 TURNPIKE INNKEEPERS, INC.

Principal Place of Business
**1000 MARKET STREET, BLD. 1, STE. 300
 PORTSMOUTH NH 03801**

Mailing Address
**1000 MARKET STREET, BLD. 1, STE. 300
 PORTSMOUTH NH 03801**



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

APPLIED FOR

Applied For

Not Applicable

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

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

(NOTE: Registered Agent signature required when resigning)

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 **P** ☐ Delete
 NAME **GREENE, DOUG**
 STREET ADDRESS **1000 MARKET STREET, BLD. 1, STE. 300**
 CITY-ST-ZIP **PORTSMOUTH NH 03801**

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

TITLE **V** ☐ Delete
 NAME **ACKRIDGE, DAVID**
 STREET ADDRESS **1000 MARKET STREET, BLD. 1, STE. 300**
 CITY-ST-ZIP **PORTSMOUTH NH 03801**

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

TITLE **S** ☐ Delete
 NAME **KEANE, THOMAS M**
 STREET ADDRESS **1000 MARKET STREET, BLD. 1, STE. 300**
 CITY-ST-ZIP **PORTSMOUTH NH 03801**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

FLORIDA
DEPARTMENT
OF REVENUE

UC Employer Account Number

UCS 1
R. 10/00**EMPLOYER REGISTRATION REPORT**

Please complete front & back in black ink. (Print or type)

1. FEDERAL EMPLOYER IDENTIFICATION NUMBER applied 06-1623518
2. LEGAL NAME OF EMPLOYER Turnpike 192 Jankeopers Inc
(Sole proprietor, partners, or corporate name, etc.)
3. TRADE NAME (d/b/a) Holiday Inn Express TELEPHONE NO. 603-559-2149
4. MAILING ADDRESS 1000 Market St - Bldg 1 - Portsmouth - NH 03807
Street Address City/State Zip Code
5. BUSINESS LOCATION 2145 E Orlando Broun Hwy Kissimmee FL 34744
Florida Street Address City/State Zip Code
6. LEGAL ENTITY TYPES (Check only one) ☐ SOLE PROPRIETOR ☐ PARTNERSHIP
☐ S CORPORATION ☒ CORPORATION NH (State incorporated)
☐ LIMITED PARTNERSHIP ☐ JOINT VENTURE ☐ LIMITED LIABILITY CORP
☐ GOVERNMENT INSTRUMENTALITY (City, county, special district, etc.)
☐ OTHER (Specify) _____
7. EMPLOYER TYPE (CHECK ALL THAT APPLY)
☒ REGULAR ☐ DOMESTIC (HOUSEHOLD)
☐ AGRICULTURAL ☐ AGRICULTURAL CITRUS ☐ AGRICULTURAL CREW CHIEF
☐ NON-PROFIT ORGANIZATION ☐ 501(c)(3) ATTACHED
☐ POLITICAL INSTRUMENTALITY (City, County, or Municipality)
☐ PURCHASED EXISTING BUSINESS (Complete LES Form UCS-1S)
8. DID YOUR BUSINESS PAY FEDERAL UNEMPLOYMENT TAX IN ANOTHER STATE IN THE PREVIOUS OR CURRENT CALENDAR YEAR? YES ☐ NO ☒
State(s) _____ Year(s) _____
9. DATE OF FIRST EMPLOYMENT IN FLORIDA 7/1/01
(This includes full & part-time employees & officers of a corporation. If resuming employment, enter date resumed.)
10. DO YOU USE, OR INTEND TO USE, THE SERVICES OF INDIVIDUALS YOU CONSIDER TO BE SELF-EMPLOYED? YES ☒ NO ☐
If yes, please explain type(s) of services performed. Contract labor when applicable
11. DO YOU WISH TO ELECT TO EXTEND THE COVERAGE OF THE LAW TO YOUR WORKERS WHO ARE NOT COVERED BECAUSE THEY WORK IN EXEMPT EMPLOYMENT OR BECAUSE YOU ARE NOT LIABLE FOR THE PAYMENT OF UNEMPLOYMENT TAX? YES ☐ NO ☒
If yes, proper forms will be furnished by this agency. The election would require liability for a period of at least one complete calendar year.
12. GENERAL INFORMATION

A. INFORMATION REGARDING OWNER, PARTNERS, OR OFFICERS. (Attach a separate sheet if necessary.)

Full Name	Title	S.S. No.	Home Address	Home Phone No.
Douglas E Greene	Pres	025-36-6935	Heritage Way Exeter NH	603-559-2100
W David Akegde	VP	422-96-0871	Back Rd Dover NH	603-559-2100

B. PAYROLL MAINTAINED BY (ACCOUNTANT, BOOKKEEPER, ETC.)

STF1

Attachment 87449# F01000065419

NAME Company PHONE # 8003629519
ADDRESS 8300 NW 53rd ST Miami, FL 33166

13. STANDARD INDUSTRIAL CLASSIFICATION (SIC)

LIST THE LOCATION AND NATURE OF BUSINESS CONDUCTED IN FLORIDA. IF YOU NEED MORE SPACE, PLEASE ATTACH SEPARATE PAGE IF YOU ARE AN OUT OF STATE EMPLOYER, PLEASE SEE ATTACHED INSTRUCTIONS.

ENTER CITY AND COUNTY FOR EACH WORK SITE	PRINCIPAL PRODUCTS OR SERVICES (BE SPECIFIC)	AVERAGE # OF EMPLOYEES
<u>Kissimmee, Osceola</u>	<u>Hotel mgmt</u>	<u>45</u>

Does the above work site(s) provide support for any other units of the company YES ☒ NO ☐If yes, please indicate whether these services are: ADMINISTRATIVE ☒ RESEARCH ☐
OTHER (SPECIFY) ☐14. DID YOU ACQUIRE A BUSINESS? YES ☒ NO ☐

(If you answered yes, you must complete a Report to Determine Succession (Form UCS-1S). Please call 1-800-352-3671 to request one.)

NOTE: The Employer Registration Report and the Report to Determine Succession must be POSTMARKED WITHIN 90 DAYS OF THE ACQUISITION DATE TO BE CONSIDERED TIMELY.

15. ENTER THE NUMBER OF WEEKS YOU HAD WORKERS IN THE CURRENT YEAR

ENTER THE NUMBER OF WEEKS YOU HAD WORKERS IN THE PRECEDING YEAR 0

16. YOUR FLORIDA GROSS PAYROLL BY CALENDAR QUARTERS (May estimate if not available)

	QUARTER ENDING MARCH 31	QUARTER ENDING JUNE 30	QUARTER ENDING SEPTEMBER 30	QUARTER ENDING DECEMBER 31
Current Year <u>2001</u>	\$ <u> </u>	\$ <u> </u>	\$ <u>200,000.-</u>	\$ <u>250,000.-</u>
Prior Year <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>

BE SURE THAT ALL QUESTIONS ARE ANSWERED BEFORE SIGNING

Pursuant to section 443.171(7), Florida Statutes, the information given above is true and correct and is given for the purpose of determining liability under said law and the undersigned is authorized to execute this report on behalf of the employing unit named.

LEGAL NAME OF EMPLOYING UNIT Town Place 192 Jankeepers IncBY (PRINT NAME) Cabrielle SmithDATE 7/6/01 TITLE ControllerSIGNATURE Cabrielle Smith

THIS REGISTRATION REPORT IS DUE BY THE END OF THE MONTH THAT FOLLOWS THE CALENDAR QUARTER IN WHICH YOUR BUSINESS COMMENCED OPERATION.

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
ANDOVER MA 05501

DATE OF THIS NOTICE: 10/31/2001
NUMBER OF THIS NOTICE: CP 575 G
EMPLOYER IDENTIFICATION NUMBER: 06-1623518
FORM: SS-4 (TELE-TIN)
0825022651 B

87449

#FO/0000000000 AT:
FOR ASSISTANCE CALL US AT:
1-800-829-1040

TURNPIKE 192 INNKEEPERS INC
1000 MARKET ST BLDG 1
PORTSMOUTH NH 03801

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Tele-TIN phone call. We assigned you Employer Identification Number (EIN) 06-1623518. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 941	10/31/2001
Form 1120	03/15/2002
Form 940	01/31/2002

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.