

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001092

1. Entity Name

AMERIHOST MANAGEMENT, INC.

Arlington Hospitality Management, Inc.

Principal Place of Business

Mailing Address

2355 S ARLINGTON HEIGHT RD
SUITE 400
ARLINGTON HEIGHTS IL 60005
US

2355 S ARLINGTON HEIGHT RD
SUITE 400
ARLINGTON HEIGHTS IL 60005
US

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

36-3733701

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, 2001 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 PD
NAME HOLTZ, MICHAEL P
STREET ADDRESS 2355 S ARLINGTON HEIGHTS RD #400
CITY-ST-ZIP ARLINGTON HEIGHTS IL 60005 ☐ Delete

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

TITLE T
NAME DALE, JAMES B
STREET ADDRESS 2400 E. DEVON AVE STE 280
CITY-ST-ZIP DES PLAINES IL 60018 ☒ Delete

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

TITLE STD
NAME DALE, JAMES B
STREET ADDRESS 2355 S ARLINGTON HEIGHTS RD #400
CITY-ST-ZIP ARLINGTON HEIGHTS IL 60005 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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.

JAMES B. DALE

Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

Date

947-228-5405

Daytime Phone #

CR2E034 (10/00)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90085 017 ***150.00



DO NOT WRITE IN THIS SPACE