FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

## Feb 01, 2001 8:00 am DOCUMENT # F94000004423 **Secretary of State** 1. Entity Name INNKEEPERS HOSPITALITY, INC. 02-01-2001 90161 009 \*\*\*150.00 Principal Place of Business Mailing Address 340 ROYAL POINCIANA WAY 340 ROYAL POINCIANA WAY SUITE 302 **SUITE 302** PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal 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 Applied For 65-0501405 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FISHER, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 302 ROYAL POINCIANA WAY PALM BEACH FL 33480 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE TITI F ☐ Change Delete SHAW, FREDERIC NAME NAME STREET ADDRESS 302 ROYAL POINCIANA WAY STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP PALM BEACH FL TITLE ☐ Delete Change ☐ Addition TITLE FISHER, JEFFREY H NAME NAME STREET ADDRESS 302 ROYAL POINCIANA WAY STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP PALM BEACH, FL. TITLE ☐ Delete TITLE ☐ Change Addition NAME LANGLEY, JOHN NAME STREET ADDRESS 302 ROYAL POINCIANA WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME POLLAK, ROGER NAME STREET ADDRESS 302 ROYAL POINCIANA WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL Addition TITLE ☐ Delete TITI F ☐ Change Philip Cohen NAME NAME 302 Royal Poinciana Way STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Roger A. Pollak 1/22/01