

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90051 028 ***150.00

DOCUMENT # F94000006457

1. Entity Name
RFS INNS, INC.

Principal Place of Business
**9336 CIVIC CENTER DR
 BEVERLY HILLS CA 90210
 US**

Mailing Address
**9336 CIVIC CENTER DR.
 BEVERLY HILLS CA 90210**

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 **62-1071048**

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**

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, 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	D	<input type="checkbox"/> Delete
NAME	HART, MATTHEW J	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUCKESTEIN, DIETER H	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, LAWRENCE J	
STREET ADDRESS	8856 ASPEN VIEW COVE	
CITY-ST-ZIP	CORDOVA TN	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, FREDERICK G	
STREET ADDRESS	755 CROSSOVER LANE	
CITY-ST-ZIP	MEMPHIS TN 38117	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SMITH, M. SUE III	
STREET ADDRESS	9336 CIVIC CENTER DR	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	VPAT	<input type="checkbox"/> Delete
NAME	STANDEFFER, W. STEVEN	
STREET ADDRESS	9336 CIVIC CENTER DR	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW J. HART	
STREET ADDRESS	9336 CIVIC CENTER DR	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETER H. HUCKESTEIN	
STREET ADDRESS	9336 CIVIC CENTER DR	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	SVP+TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT M. LA FORGIA	
STREET ADDRESS	9336 CIVIC CENTER DR	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW J. HART	
STREET ADDRESS	9336 CIVIC CENTER DR	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID MAROTE	
STREET ADDRESS	9336 CIVIC CENTER DR	
CITY-ST-ZIP	BEVERLY HILLS CA 90210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

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

DAVID MAROTE 4.16.02 310-278-4321

Date

Daytime Phone #

CR2E034 (9/01)