

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000096
1. Entity Name

FILED

02 MAY -1 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HOTEL INVESTORS OF VIRGINIA, INC.

Principal Place of Business	Mailing Address
111 WESTCHESTER AVENUE WHITE PLAINS, NY 10604	2231 E. CAMELBACK RD STE. 400 PHOENIX, AZ 85016

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

52-1312765

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 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	<input type="checkbox"/> Delete
NAME	THEODORE W. DARNALL	
STREET ADDRESS	1111 WESTCHESTER AVENUE	
CITY - ST - ZIP	WHITE PLAINS, NY 10604	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100005500371	
STREET ADDRESS	-05/09/02--01041--028	
CITY - ST - ZIP	****150.00 ****150.00	

TITLE	VT	<input type="checkbox"/> Delete
NAME	PETER MORROW	
STREET ADDRESS	2231 E. CAMELBACK RD., STE. 400	
CITY - ST - ZIP	PHOENIX, AZ 85016	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VSD	<input type="checkbox"/> Delete
NAME	RUSSELL C. SAVRANN	
STREET ADDRESS	1111 WESTCHESTER AVENUE	
CITY - ST - ZIP	WHITE PLAINS, NY 10604	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	RONALD C. BROWN	
STREET ADDRESS	2231 E. CAMELBACK RD., STE 400	
CITY - ST - ZIP	PHOENIX, AZ 85016	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

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: 

PETER MORROW

4-26-02

(602) 852-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #