## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

Principal Place of Business

306 ROYAL POINCIANA WAY PALM BEACH FL 33480

2. Principal Place of Business

Suite, Apt. #, etc.

F95000001412

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

306 ROYAL POINCIANA WAY

PALM BEACH FL 33480

1. Entity Name

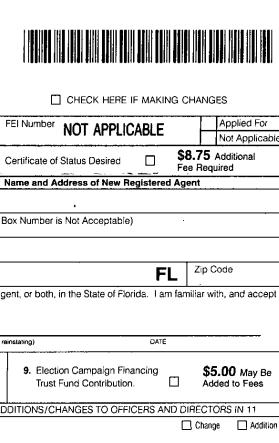
INNKEEPERS FINANCIAL CORPORATION



**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90715 001 \*\*\*450.00

AAAAITO



City & State		City	City & State			4. FEI Num	FEI Number NOT APPLICABLE			oplied For ot Applicable
Zip	Country	Zip		Country		5. Certifica	ate of Status Desired		8.75 Add	ditional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
FISHER, JEFFREY H					Name					
					Street Address (P.O. Box Number is Not Acceptable)					
306 ROYAL POINCIANA WAY				300	oreet Address (1.0. box address is Not Acceptable)					
PALM BEACH FL 33480										
				City			·		Zip Cod	^
					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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE										
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						l l	Election Campaign Fin Trust Fund Contribution	~ ~		<b>0</b> May Be I to Fees
10. OFFICERS AND DIRECTO			RS	11,		ADDITION	S/CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11
TITLE	CPS		☐ Delete	TITLE					☐ Change	☐ Addition
	FISHER, JEFFREY H			NAME						
	306 ROYAL POINCIANA WAY			STREET ADDRE	ESS					(
CITY-ST-ZIP	PALM BEACH FL 33480		·····	CITY-ST-ZIP						
TITLE	VT		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	BULGER, DAVID 306 ROYAL POINCIANA WAY			NAME STREET ADDRE	:00					
CITY-ST-ZIP	PALM BEACH FL 33480			CITY-ST-ZIP	.55					
-TITLE	VPS-		- 🖃 Delete	- TITLE					☐ Change	Addition Addition
NAME	MURPHY, MARK A		- La belete	NAME			-		ongo	7.50
	306 ROYAL POINCIANA WAY			STREET ADDRE	ess					
CITY-ST-ZIP	PALM BEACH FL 33480			CITY-ST-ZIP						
TITLE	VP		☐ Delete	TITLE					☐ Change	☐ Addition
	FAY, GREG		•	NAME						
STREET ADDRESS CITY-ST-ZIP	306 ROYAL POINCIANA PALM BEACH FL			STREET ADDRE	SS					
	PALM DEACH FL			CITY-ST-ZIP		<del></del>				
TITLE NAME			Delete Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS				NAME STREET ADDRE	22					
CITY-ST-ZIP				CITY-ST-ZIP	50					1
TITLE			☐ Delete	TITLE		<del></del>			☐ Change	☐ Addition
NAME			C Delegg	NAME					Onallys	Accition
STREET ADDRESS	•			STREET ADDRE	SS					)
CITY-ST-ZIP	<u>'</u>			CITY-ST-ZIP	<u></u>					
12 I hereby c	artify that the information cumplied w	ith this filing	doop not qualify for the		atatadia Casti	440 07/0	Wil Flacida Chatada - I	f		

indicated on this report or supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: