


FILED  
Apr 30, 2003 8:00 am  
Secretary of State

04-30-2003 90139 020 \*\*\*150.00

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

<b>DOCUMENT # F96000003280</b>			
1. Entity Name <b>JOHN Q. HAMMONS HOTELS, INC.</b>			
Principal Place of Business <b>JOHN Q. HAMMONS HOTELS, INC. 300 JOHN Q. HAMMONS PARKWAY SPRINGFIELD, MO 65806</b>		Mailing Address <b>JOHN Q. HAMMONS HOTELS, INC. 300 JOHN Q. HAMMONS PARKWAY SPRINGFIELD, MO 65806</b>	
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 <b>43-1695093</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee Will be \$550.00 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	<input type="checkbox"/> Delete	
NAME	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	COBO HAMMONS, JOHN Q 2450 SKYLINE SPRINGFIELD, MO 65804		
TITLE	NAME	<input type="checkbox"/> Delete	
NAME	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	D EARLEY, DANIEL L 7351 RIVERBY ROAD CINCINNATI, OH 45244		
TITLE	NAME	<input type="checkbox"/> Delete	
NAME	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	TD DOWDY, JACQUELINE A 1952 EAST CANTEBURY SPRINGFIELD, MO 65804		
TITLE	NAME	<input type="checkbox"/> Delete	
NAME	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	ASD HART, WILLIAM J. 420 NORTH JEFFERSON SPRINGFIELD, MO 65802		
TITLE	NAME	<input type="checkbox"/> Delete	
NAME	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP	AS SHANTZ, DEBRA 300 HAMMON PARKWAY, #800 SPRINGFIELD, MO 65806		
TITLE	NAME	<input type="checkbox"/> Delete	
NAME	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	CITY-ST-ZIP	
CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address with similar like empowered.			
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date <b>4/29/03</b> City/State/Zip <b>4/17/864/4300</b>			

John Q. Hammons, President