

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90073 013 ***150.00

DOCUMENT # F96000005420

1. Entity Name

INNKEEPERS HOSPITALITY III, INC.

Principal Place of Business

**302 ROYAL POINCIANA WAY
PALM BCH FL 33480**

Mailing Address

**302 ROYAL POINCIANA WAY
PALM BCH FL 33480**

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

65-0705067

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

SHAW, FRED

**340 ROYAL POINCIANA WAY
STE 302
PALM BEACH FL 33480**

Name

JEFFREY FISHER

Street Address (P.O. Box Number is Not Acceptable)

**340 ROYAL POINCIANA WAY
SUITE 302**

City

PALM BEACH

FL

Zip Code

33480

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 type

Registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/01

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 **DP** ☒ Delete
NAME **SHAW, FREDERIC**
STREET ADDRESS **302 ROYAL POINCIANA WAY**
CITY-ST-ZIP **PALM BCH FL 33480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FISHER, JEFFREY H**
STREET ADDRESS **302 ROYAL POINCIANA WAY**
CITY-ST-ZIP **PALM BCH FL 33480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **LANGLEY, JOHN**
STREET ADDRESS **302 ROYAL POINCIANA WAY**
CITY-ST-ZIP **PALM BCH FL 33480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/T** ☐ Delete
NAME **POLLAK, ROGER**
STREET ADDRESS **302 ROYAL POINCIANA WAY**
CITY-ST-ZIP **PALM BCH FL 33480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **AS Philip Cohen**
STREET ADDRESS **302 Royal Poinciana Way**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Roger A Pollak

Roger A. Pollak 1/22/01

561-655-5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)