

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90072 028 ***150.00

DOCUMENT # F97000002540

1. Entity Name

JANUS HOTELS AND RESORTS, INC.

Principal Place of Business

**2300 CORPORATE BLVD. NW
 SUITE 232
 BOCA RATON FL 33431**

Mailing Address

**8534 E KEMPER ROAD
 CINCINNATI OH 45249**

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

13-2572712

Applied For

Not Applicable

5. Certificate of Status Desired ☐ -

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BECK, LOUIS S
 2300 CORPORATE BLVD., NW
 SUITE 232
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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

TITLE	C	<input type="checkbox"/> Delete
NAME	BECK, LOUIS S	
STREET ADDRESS	2300 CORPORATE BLVD, NW, #232	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	P	<input type="checkbox"/> Delete
NAME	NANOSKY, MICHAEL	
STREET ADDRESS	2300 CORPORATE BLVD, NW, #232	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, LUCILLE H	
STREET ADDRESS	2185 LEMAIN AVE.	
CITY-ST-ZIP	FORT LEE NJ 07024	
TITLE	D	<input type="checkbox"/> Delete
NAME	LERNER, RICHARD P ESQ.	
STREET ADDRESS	29 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10006	
TITLE	D	<input type="checkbox"/> Delete
NAME	YEAGGY, HARRY	
STREET ADDRESS	8534 E KEMPER ROAD	
CITY-ST-ZIP	CINCINNATI OH 45249	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

1-10-02 513-484-1955

Date

Daytime Phone #

CR2E034 (9/01)