

2002 UNIFORM BUSINESS REPORT (UBR)

3/13

FILED
May 21, 2002 8:00 am
Secretary of State

03-13-2002 90134 035 ***150.00

DOCUMENT # L66317

1. Entity Name

SANDMAN MOTEL-SUITES, INC.

Principal Place of Business

C/O KLAUS W. RIEPER
 480 SANTA ROSA BLVD., P.O. BOX 958
 FT. WALTON BEACH FL 32548

Mailing Address

C/O KLAUS W. RIEPER
 480 SANTA ROSA BLVD., P.O. BOX 958
 FT. WALTON BEACH FL 32548



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3015954

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RIEGER, KLAUS W.
480 SANTA ROSA BLVD
FT. WALTON BEACH FL 32548

Name

Kurt Rieger

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

480 Santa Rosa Blvd

City

Ft. Walton Beach

FL

Zip Code
32548

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]

4/30/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **RIEGER, KLAUS W.**
 STREET ADDRESS **444 CAPTAINS CIRCLE**
 CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE **D** ☐ Delete
 NAME **RIEGER, KURT W**
 STREET ADDRESS **444 CAPTAINS CIRCLE**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☒ Change ☐ Addition
 NAME **President**
 STREET ADDRESS **Kurt Rieger**
 CITY-ST-ZIP **444 Captains Dr**
Ft Walton Beach-FL- 32548

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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 I am empowered.

SIGNATURE:

[Signature]

2/13/02 850-243-5954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)