

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90008 047 ***550.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P0000117062

1. Entity Name
HRP MANAGER CORP.

Principal Place of Business
**C/O FINE HOTELS CORP.
 ONE WASHINGTON STREET
 WELLESLEY MA 02481**

Mailing Address
**C/O FINE HOTELS CORP.
 ONE WASHINGTON STREET
 WELLESLEY MA 02481**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **06-1603521** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KG&L SERVICES, INC.
 C/O GRONEK Y LATHAM, LLP
 390 NORTH ORANGE AVENUE, SUITE 600
 ORLANDO FL 32801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PD	<input type="checkbox"/> Delete
NAME	FINEBERG, GERALD S	
STREET ADDRESS	C/O FINE HOTELS CORP. ONE WASHINGTON ST.	
CITY-ST-ZIP	WELLESLEY MA 02481	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DONOVAN, JOSEPH A	
STREET ADDRESS	C/O FINE HOTELS CORP. ONE WASHINGTON ST.	
CITY-ST-ZIP	WELLESLEY MA 02481	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FRANK, DANIEL	
STREET ADDRESS	C/O FINE HOTELS CORP. ONE WASHINGTON ST.	
CITY-ST-ZIP	WELLESLEY MA 02481	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	CHESNICK, LYDIA G	
STREET ADDRESS	125 SUMMER STREET	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALY, SUSAN	
STREET ADDRESS	% DEUTSCH, WILLIAMS, ETAL, 99 SUMMER ST	
CITY-ST-ZIP	BOSTON MA 02110	
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		
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		

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: Gerald S Fineberg PRES. **7-19-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE03A (4/02)