

2001 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Aug 22, 2001 8:00 am
Secretary of State

08-01-2001 90126 001 ***550.00
 08-01-2001 90126 002 *****8.75

DOCUMENT # P00000117195

1. Entity Name
 HRP OWNERS 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.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

Zip **Country** **Zip** **Country**

6. Name and Address of Current Registered Agent
 KG&L SERVICES, INC.
 C/O GRONEK & LATHAM, LLP
 390 NORTH ORANGE AVE., SUITE 600
 ORLANDO FL 32801

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME FINEBERG, GERALD S STREET ADDRESS C/O FINE HOTELS CORP. 1 WASHINGTON STREET CITY-ST-ZIP WELLESLEY MA 02481	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
TITLE TD	NAME DONOVAN, JOSEPH A STREET ADDRESS C/O FINE HOTELS CORP. 1 WASHINGTON STREET CITY-ST-ZIP WELLESLEY MA 02481	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
TITLE SD	NAME FRANK, DANIEL STREET ADDRESS C/O FINE HOTELS CORP. 1 WASHINGTON STREET CITY-ST-ZIP WELLESLEY MA 02481	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
TITLE ASD	NAME CHESNICK, LYDIA G STREET ADDRESS C/O BERNKOPF, GOODMAN, ETAL, 125 SUMMER ST CITY-ST-ZIP BOSTON MA 02110	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	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

DATE 7/17/01 **Daytime Phone #** (781) 239-1480



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)