

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
 02-06-2001 90035 017 ***158.75

DOCUMENT # P11148

1. Entity Name

GROSVENOR DUTCH INN, INC.

Principal Place of Business

**C/O GROSVENOR PROPERTIES LTD.
 160 SANSOME STREET, SUITE 800
 SAN FRANCISCO CA 94104**

Mailing Address

**C/O GROSVENOR PROPERTIES LTD.
 160 SANSOME STREET, SUITE 800
 SAN FRANCISCO CA 94104**

C0016434



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-2189328**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 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	V	<input type="checkbox"/> Delete
NAME	CROLEY, DANIEL C	
STREET ADDRESS	160 SANSOME ST, #800	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	GALLAGHER, SUSANNE	
STREET ADDRESS	160 SANSOME ST., #800	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WERBY, TODD	
STREET ADDRESS	160 SANSOME ST., #800	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WERBE, THOMAS A	
STREET ADDRESS	160 SANSOME ST., # 800	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VT	<input type="checkbox"/> Delete
NAME	NOKES, STEVEN	
STREET ADDRESS	160 SANSOME ST., #800	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WERBY, DONALD E	
STREET ADDRESS	160 SANSORE ST. #800	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT K. WERBE	
STREET ADDRESS	160 SANSOME ST #800	
CITY-ST-ZIP	SAN FRANCISCO, CA 94104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Steven Nokes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN NOKES

V.P. & TREASURER 1-29-01

Date

(415) 421-5940

Daytime Phone #

CR2E034 (10/00)