

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14556

1. Entity Name

COASTAL HOTEL GROUP, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90115 048 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 211 E ONTARIO 400 CHICAGO IL 60611 US	Mailing Address 211 E ONTARIO 400 CHICAGO IL 60611-3283 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 36-3513905	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SMS STEPHAN, CHRISTOPHER 211 E ONTARIO 400 CHICAGO IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PMS HORN, HELMUT 211 E ONTARIO 400 CHICAGO IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MS WILHELM, PHILLIP H. 211 E ONTARIO S400 CHICAGO IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TMS HERSHMAN, GRAHAM 211 E ONTARIO 400 CHICAGO IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MS NEIMAN, CARY 211 E ONTARIO 400 CHICAGO IL 60611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 as an attachment with an address, with all other like empowered.

SIGNATURE: Graham L Hershman 3-1-00 312-988-9888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)