

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P14556**

1. Entity Name

COASTAL HOTEL GROUP, INC.**FILED****Mar 06, 2001 8:00 am**
Secretary of State

03-06-2001 90350 002 ***150.00

Principal Place of Business

**211 E ONTARIO
400
CHICAGO IL 60611
US**

Mailing Address

**211 E ONTARIO
400
CHICAGO IL 60611
US****00022130**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **36-3513905**

Applied For

Not Applicable

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

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

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	SMS	<input checked="" type="checkbox"/> Delete
NAME	STEPHAN, CHRISTOPHER	
STREET ADDRESS	211 E ONTARIO 400	
CITY-ST-ZIP	CHICAGO IL 60611	

TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russ Urban	
STREET ADDRESS	1450 114th Ave S.E.	
CITY-ST-ZIP	Bellevue WA 98004	

TITLE	PMS	<input type="checkbox"/> Delete
NAME	HORN, HELMUT	
STREET ADDRESS	211 E ONTARIO 400	
CITY-ST-ZIP	CHICAGO IL 60611	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MS	<input checked="" type="checkbox"/> Delete
NAME	WILHELM, PHILIP H.	
STREET ADDRESS	211 E ONTARIO S400	
CITY-ST-ZIP	CHICAGO IL 60611	

TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Johnson	
STREET ADDRESS	1450 114th Ave, S.E.	
CITY-ST-ZIP	Bellevue WA 98004	

TITLE	TMS	<input type="checkbox"/> Delete
NAME	HERSHMAN, GRAHAM	
STREET ADDRESS	211 E ONTARIO 400	
CITY-ST-ZIP	CHICAGO IL 60611	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MS	<input checked="" type="checkbox"/> Delete
NAME	NEIMAN, CARY	
STREET ADDRESS	211 E ONTARIO 400	
CITY-ST-ZIP	CHICAGO IL 60611	

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Childers	
STREET ADDRESS	1450 114th Ave S.E.	
CITY-ST-ZIP	Bellevue WA 98004	

TITLE		<input type="checkbox"/> Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Graham L. Hershman 3-01-01

Date

312-188-4888

Daytime Phone #

CR2E034 (10/00)