

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90256 004 \*\*\*150.00

**DOCUMENT # P28387**

1. Entity Name

**SAMANTHA HOTEL CORPORATION**

Principal Place of Business

**755 CROSSOVER LANE  
MEMPHIS TN 38117-4900  
US**

Mailing Address

**9336 CIVIC CENTER DR.  
BEVERLY HILLS CA 90210**

2. Principal Place of Business

**9336 CIVIC CENTER DR**

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

**BEVERLY HILLS CA**

City &amp; State

Zip **90210**Country **USA**

Zip

Country

4. FEI Number **04-3070970**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CORPORATION SERVICE COMPANY  
1201 HAYS 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 NAME STREET ADDRESS CITY-ST-ZIP	PD KELLEHER, RICHARD 755 CROSSOVER LANE MEMPHIS TN 38117	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STEVEN D. PORTER 9336 CIVIC CENTER DR BEVERLY HILLS CA 90210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD HEUCK, DAVID A. 410 N. 44TH STREET, SUITE 700 PHOENIX AZ 85008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + ASST TREASURER W. STEVEN STANDEFER 9336 CIVIC CENTER DR BEVERLY HILLS CA 90210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHLOMER, KRISTIN S. 410 N. 44TH STREET, SUITE 700 PHOENIX AZ 85008	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + TREASURER M. HUE SMITH III 9336 CIVIC CENTER DR BEVERLY HILLS CA 90210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MATTHEW J. HART 9336 CIVIC CENTER DR BEVERLY HILLS CA 90210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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 on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Steven Standefer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-01 W. STEVEN STANDEFER

Daytime Phone #

CR2E034 (10/00)