2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED 7/3/03
FILED
$61.25
03 JUL 17 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000063233

1. Entity Name
H.I. FAMILY SUITES, INC.

Principal Place of Business	Mailing Address
14500 CONTINENTAL GATEWAY ORLANDO, FL 32821 US	14500 CONTINENTAL GATEWAY ORLANDO, FL 32821 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3458692 ☐ 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
WHAPLES, TERRY 14500 CONTINENTAL GATEWAY ORLANDO, FL 32821	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WHAPLES, TERRY 14500 CONTINENTAL GATEWAY ORLANDO, FL 32821	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS QUINN, JOHN 14500 CONTINENTAL GATEWAY ORLANDO, FL 32821	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUINN, JOHN ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPT LANDWIRTH, HENRI 14500 CONTINENTAL GATEWAY ORLANDO, FL 32821	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900021764529 07/21/03--01030--032 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GLENN, JOHN H. JR. 14500 CONTINENTAL GATEWAY ORLANDO, FL 32821	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUDMAN, ED 100 FEDERAL ST 37TH FL BOSTON, MA 02110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS OLSON, JAMES 14500 CONTINENTAL GATEWAY ORLANDO FL 32821 ☐ Change ☒ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7/3/03 407-387-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/17