


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90073 020 ***150.00

DOCUMENT # V14286

1. Entity Name
HOTEL FUND, INC.



Principal Place of Business
**1201 HAYS STREET
2ND FLOOR
TALLAHASSEE FL 32301**

Mailing Address
**1201 HAYS STREET
2ND FLOOR
TALLAHASSEE FL 32301**

J0017401



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **58-1994708** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES INC.
1201 HAYS 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

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 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 **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SPIVACK, EDMUND S. | |
| STREET ADDRESS | 5901 MONTROSE ROAD #N409 | |
| CITY-ST-ZIP | ROCKVILLE MD | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SPIVACK, EDMUND S. | |
| STREET ADDRESS | 5901 MONTROSE ROAD (N-409) | |
| CITY-ST-ZIP | ROCKVILLE MD | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | SPIVACK, EDMUND S. | |
| STREET ADDRESS | 5901 MONTROSE ROAD (N-409) | |
| CITY-ST-ZIP | ROCKVILLE MD | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SPIVACK, EDMUND S. | |
| STREET ADDRESS | 5901 MONTROSE ROAD (N-409) | |
| CITY-ST-ZIP | ROCKVILLE MD | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | NIEMELA, MARYLYN | |
| STREET ADDRESS | 20421 IVYBRIDGE COURT | |
| CITY-ST-ZIP | GAITHERSBURG MD | |
| TITLE | SVP | <input type="checkbox"/> Delete |
| NAME | KIRKHAM, WALTER | |
| STREET ADDRESS | 1512 LARIMER STREET-STE 800 | |
| CITY-ST-ZIP | DENVER CO | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: _____ **SIGNATURE REQUIRED** **1/29/03** **301-881-1500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)