

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90123 013 ***150.00

DOCUMENT # F98000006507

1. Entity Name

SABER HOSPITALITY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**101 WEST MAIN STREET
 MOORESTOWN NJ 08057**

**101 WEST MAIN STREET
 MOORESTOWN NJ 08057**

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 **52-2130308**

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

**KOCHENOUR, KENNETH
 151 EAST WASHINGTON STREET
 ORLANDO FL 32801**

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	PD	<input type="checkbox"/> Delete
NAME	KOCHENOUR, KENNETH	
STREET ADDRESS	101 WEST MAIN STREET	
CITY-ST-ZIP	MOORESTOWN NJ	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	EVANS, BARBARA	
STREET ADDRESS	101 WEST MAIN STREET	
CITY-ST-ZIP	MOORESTOWN NJ	
TITLE	VT	<input type="checkbox"/> Delete
NAME	KEITH, ROBERT	
STREET ADDRESS	101 WEST MAIN STREET	
CITY-ST-ZIP	MOORESTOWN NJ	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	TOD, ANDREW	
STREET ADDRESS	101 WEST MAIN STREET	
CITY-ST-ZIP	MOORESTOWN NJ	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LUBERT, IRA	
STREET ADDRESS	101 WEST MAIN STREET	
CITY-ST-ZIP	MOORESTOWN NJ	
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		
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		

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

Saralyn Curran

1-5-01
 Date

215-972-2222
 Daytime Phone #

CR2E034 (10/00)