

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90014 030 ***150.00

DOCUMENT # P97000033708

1. Entity Name
SPRINGFIELD HOSPITALITY, INC.

Principal Place of Business 350 EASTERN BLVD. JEFFERSONVILLE IN 47130	Mailing Address 350 EASTERN BLVD. JEFFERSONVILLE IN 47129-2803
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3443857		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
BORNS, LAWRENCE W. ESQ. 412 N. HALIFAX AVENUE DAYTONA BEACH FL 32118				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 _____ (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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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	0	<input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT/CO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SYED, MOAZIZ A			NAME	RANA AKHTAR		
STREET ADDRESS	350 EASTERN BLVD.			STREET ADDRESS	350 EASTERN BLVD		
CITY-ST-ZIP	JEFFERSONVILLE IN 47130			CITY-ST-ZIP	JEFFERSONVILLE, IN 47130		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RANA, RUKHASANA P			NAME			
STREET ADDRESS	1174 S. CARNEGIE DRIVE			STREET ADDRESS			
CITY-ST-ZIP	TUCSON AZ 87150			CITY-ST-ZIP			
TITLE	PRESIDENT/CO	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RANA AKHTAR			NAME			
STREET ADDRESS	350 EASTERN BLVD			STREET ADDRESS			
CITY-ST-ZIP	JEFFERSONVILLE, IN 47130			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: _____ DATE: _____ DAYTIME PHONE #: _____

CR2E034 (9/99)