

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31389**

1. Entity Name

**KAL JAX HOTEL, LTD.**

Principal Place of Business

**6095 LAKE FORREST DRIVE, SUITE 200  
ATLANTA GA 30328  
US**

Mailing Address

**6095 LAKE FORREST DRIVE, SUITE 200  
ATLANTA GA 30328  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

FILED  
01 JAN 22 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

**58-1648138**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

7. Name and Address of New Registered Agent

Name

**MOTOLAW, INC.**

Street Address (P.O. Box Number is Not Acceptable)

**50 NORTH LAURA STREET SUITE 2750**

City

**JACKSONVILLE**

**FL**

**FL**

Zip Code  
**32202**

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

*Peter O. Larsen*

**Peter O. Larsen, President**

**1/19/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$991.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P34038**  
NAME **KAL INVESTORS, INC.**  
STREET ADDRESS **6095 LAKE FORREST DRIVE, SUITE 200**  
CITY-ST-ZIP **ATLANTA GA 30328**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400003581524--0**  
**-01/26/01--01043--027**  
**\*\*\*\*150.00 \*\*\*\*150.00**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*H.C. Aldredge*  
**H.C. Aldredge**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

**01/12/2001**

Daytime Phone #

**404-252-5600**

CR2E003 (11/00)