

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008917 AF

DOCUMENT # **A97000002127**

1. Entity Name

**HOSPITALITY ASSOCIATES OF TAMPA, LTD.**

**FILED**  
 01 APR 18 PM 12:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**C/O MILESTONE CAPITAL CORPORATION  
 5835 NW 21ST WAY  
 BOCA RATON FL 33496**

**C/O MILESTONE CAPITAL CORPORATION  
 5835 NW 21ST WAY  
 BOCA RATON FL 33496**

2. Principal Place of Business

**2901 E. Busch Blvd.**

3. Mailing Address

**5301 N. Federal Hwy.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 370**

City & State

**Tampa, FL**

City & State

**Boca Raton, FL**

4. FEI Number

**65-0785663**

Applied For

Not Applicable

Zip

**33612**

Country

Zip

**33487**

Country

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

**MEDNICK, SANDER ESQ.  
 C/O MILESTONE CAPITAL CORPORATION  
 5835 NW 21ST WAY  
 BOCA RATON FL 33496**

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. Capital Contributions as Shown on record.

**\$1,137,856.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	<b>P97000084467</b>
NAME	<b>MILESTONE TAMPA MANAGEMENT, INC.</b>
STREET ADDRESS	<b>5835 NW 21ST WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400004103694--4</b>
CITY-ST-ZIP	<b>-05/01/01--01103--019</b>
	<b>***526.25 ***526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (11/00)

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:

**SIGNATURE RE SANDER MEDNICK**

**4/2/01**

**561-995-2249**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #