

2001 UNIFORM BUSINESS REPORT (UBR)

0008637 AF

DOCUMENT # **A98000000264**

1. Entity Name

DAYTON CONVENTION HOTEL PARTNERSHIP, LTD.

Principal Place of Business

**241 TANGIER AVENUE
PALM BEACH FL 33840**

Mailing Address

**241 TANGIER AVENUE
PALM BEACH FL 33840**

FILED

07 APR 16 AM 10:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0114319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DAYTON, W. ALAN
241 TANGIER AVENUE
PALM BEACH FL 33840**

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.

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.

\$1,244,858.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**DAYTON, W. ALAN TRUSTEE
241 TANGIER AVENUE
PALM BEACH FL 33840**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**DAYTON, JOANNE M TRUSTEE
241 TANGIER AVENUE
PALM BEACH FL 33840**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**P98000066604
KETTLES FLORIDA PROPERTIES, INC.
241 TANGIER AVENUE
PALM BEACH FL 33840**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

W. Alan Dayton 2/22/01

(561) 845-2211

Date

Daytime Phone #

CR2E003 (11/00)