## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 22, 2001 8:00 am DOCUMENT # P98000026635 **Secretary of State** OAKWIN LODGING, INC. 02-22-2001 90130 040 \*\*\*150.00 Principal Place of Business Mailing Address 4680 US 90 WEST 4680 US 90 WEST LAKE CITY FL 32024 LAKE CITY FL 32024 922860 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3506611 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, MINESH-Street Address (P.O. Box Number is Not Acceptable) 4680 US 90 WEST LAKE CITY FL 32024 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete · Addition PATEL, MINESH NAME NAME 4680 US 90 WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32024 CITY-ST-ZIP TITLE Delete TITLE ■ Addition PATEL, RUPAL NAME NAME STREET ADDRESS 4680 US 90 WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32024 TITLE Delete TITLE ☐ Change ☐ Addition PATEL: ALKA NAME NAME STREET ADDRESS 4680 US 90 WEST STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32024 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change PATEL, NISHI NAME NAME 4680 US 90 WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE CITY FL 32024 Change TITLE ☐ Defete TITLE Addition PATEL, SHEENAL NAME NAME 4680 US 90 WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32024 ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

MINISSIA PATEL

2-1-01

904-962-6000