

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90130 041 ***158.75

DOCUMENT # P99000038983

1. Entity Name

HILDENBOROUGH HOTELS LIMITED, INC.

Principal Place of Business

Mailing Address

708 EATON ST.
KEY WEST FL 33040

708 EATON ST.
KEY WEST FL 33040-6944

2. Principal Place of Business

3. Mailing Address

ISLAND HOUSE

1129 FLEMING ST

Suite, Apt. #, etc

Suite, Apt. #, etc.

1129 FLEMING ST

City & State

City & State

KEY WEST, FL

KEY WEST, FL

Zip

Country

Zip

Country

33040

USA

33040

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0922345

Applied For

Not Applied

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

FOHRMAN, DARRYL
322 ELIZABETH ST.
KEY WEST FL 33040

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 signing officer or director and title if applicable.

(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. (See criteria on back)

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	D	<input type="checkbox"/> Delete
NAME	ALLEN, JON	
STREET ADDRESS	708 EATON ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAY, MARTIN	
STREET ADDRESS	708 EATON ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
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STREET ADDRESS		
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
JON R ALLEN

1/6/99 305 2944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #