

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90258 050 ***150.00

0646834 AT

DOCUMENT # 292032

1. Entity Name
INN OF JACKSONVILLE-AIRPORT, INC.



Principal Place of Business
1000 RED FERN PLACE
P.O. BOX 10007
FLOWOOD MS 39208 35
US

Mailing Address
P.O. BOX 320009
FLOWOOD MS 39232
US

11012901



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1061896**

Applic For
Not Applicable

Zip **39232**

Country

Zip

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

NORRIS, JOHN E.
201 N MARION ST.
LAKE CITY FL 32055

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **STURDIVANT, MIKE P.**
STREET ADDRESS **E. DREW ROAD**
CITY-ST-ZIP **GLENDORA, MISSISSIPP**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **JONES, EARLE F.**
STREET ADDRESS **100 RED FERN PLACE**
CITY-ST-ZIP **FLOWOOD MS**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **39232**

TITLE **D** ☐ Delete
NAME **STURDIVANT, YGONDINE W.**
STREET ADDRESS **E. DREW ROAD**
CITY-ST-ZIP **GLENDORA, MISSISSIPP**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☐ Delete
NAME **STURDIVANT, GAINES P (XVP)**
STREET ADDRESS **1000 RED FERN PLACE**
CITY-ST-ZIP **FLOWOOD MS**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **39232**

TITLE **VT** ☐ Delete
NAME **HART, MICHAEL J.**
STREET ADDRESS **1000 RED FERN PLACE**
CITY-ST-ZIP **FLOWOOD MS**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **39232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

STURDIVANT, GAINES P (XVP)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03

Date

Daytime Phone #

CR2E034 (10/02)