

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90187 036 \*\*\*150.00

DOCUMENT # 292032

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

Principal Place of Business Mailing Address
1000 RED FERN PLACE PO BOX 16807
P.O. BOX 16807 P.O. BOX 16807
FLOWOOD MS 39208 JACKSON MS 39236-6907
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
4. FEI Number 59-1061896 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NORRIS, JOHN E. 201 N MARION ST. LAKE CITY FL 32055
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 \_\_\_\_\_ DATE \_\_\_\_\_
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

Table with 2 columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include names like STURDIVANT, MIKE P., JONES, EARLE F., STURDIVANT, YGONDINE W., STURDIVANT, GAINES P (XVP), HART, MICHAEL J.

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: Michael J. Hart DATE: 3/17/2000 Daytime Phone #

CR2E034 (9/99)