

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR -1 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0019657 AB

DOCUMENT # A13398

1. Entity Name

ORLANDO PLAZA SUITE HOTEL, LTD.-A

Principal Place of Business

Mailing Address

1000 RED FERN PLACE
FLOWOOD MS 39208

P.O. BOX 16807
JACKSON MS 39236-6807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

39232

39232

USA

DUE BY MAY 1, 2002

4. FEI Number

64-0668244

Applied For

Not Applicable

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 NORTH MARION STREET, SUITE 301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$1,953,950.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F98816
NAME ORLANDO PLAZA HOTEL CORP
STREET ADDRESS 1000 RED FERN PLACE
CITY-ST-ZIP FLOWOOD MS 39208

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # 292032
NAME INN OF JACKSONVILLE-AIRP
STREET ADDRESS 1000 RED FERN PLACE
CITY-ST-ZIP FLOWOOD MS 39208

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME JONES, EARLE F.
STREET ADDRESS 1000 RED FERN PLACE
CITY-ST-ZIP FLOWOOD MS 39208

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME STURDIVANT, MIKE P.
STREET ADDRESS ROUTE 1
CITY-ST-ZIP GLENDORA MS

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

EARLE F. JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/21/02 601 936-3666

Date

Residence Phone

CR2E003 (9/01)

STAPLE CHECK HERE