

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00196

DOCUMENT # **A13398**

1. Entity Name
ORLANDO PLAZA SUITE HOTEL, LTD.-A



FILED
May 03, 2003 8:00 A.M.
Secretary of State

Principal Place of Business
**1000 RED FERN PLACE
FLOWOOD MS 39208**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **64-0668244**

Applied 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 NORTH MARION STREET, SUITE 301
LAKE CITY FL 32055**

Name

Street Address (P.O. Box Number is Not Acceptable)

800018294338
05/06/03--01060--010 **526.25
FL Zip Code

City

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

DATE

9. Capital Contributions **\$1,953,950.00**
as Shown on record.

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

39232

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

STREET ADDRESS

CITY-ST-ZIP

39232

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

STREET ADDRESS

CITY-ST-ZIP

39232

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

STREET ADDRESS

CITY-ST-ZIP

38928

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: **Signature Required**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/13/03 (601) 936-3666 XT 128
Date Daytime Phone #

CR2E003 (10/02)