

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A17382**

1. Entity Name

HOSPITALITY INN OF SARASOTA, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -2 PM 1:33



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| Principal Place of Business<br>P.O. BOX 119<br>LILLIAN AL 36549-0119 | Mailing Address<br>P.O. BOX 119<br>LILLIAN AL 36549-0119 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>59-2438346</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

**GINGERICH, JACOB**  
12630 LILLIAN HWY  
PENSACOLA FL 32506

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |   |
|---|---|---|
| 9. Capital Contributions as Shown on record. <b>\$50,000.00</b> | 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 #                      | NAME               | STREET ADDRESS           |  |
|                                 | GINGERICH, JACOB   | CITY - ST - ZIP          |  |
|                                 | 12630 LILLIAN HWY. |                          |  |
|                                 | PENSACOLA FL       |                          |  |
| DOCUMENT #                      | NAME               | STREET ADDRESS           |  |
|                                 | LIECHTY, DARRELL   | CITY - ST - ZIP          |  |
|                                 | 3443 MAI KAI DRIVE |                          |  |
|                                 | PENSACOLA FL       |                          |  |
| DOCUMENT #                      | NAME               | STREET ADDRESS           |  |
|                                 | FRENCH, MIKE       | CITY - ST - ZIP          |  |
|                                 | 2425 CAVALLA LOOP  |                          |  |
|                                 | PENSACOLA FL       |                          |  |
| DOCUMENT #                      | NAME               | STREET ADDRESS           |  |
|                                 |                    | CITY - ST - ZIP          |  |
|                                 |                    |                          |  |
|                                 |                    |                          |  |
| DOCUMENT #                      | NAME               | 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: Jacob Gingench 4/28/00 (334) 962-2018  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #