

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A19131**

1. Entity Name

HOSPITALITY INNS PENSACOLA, LTD.

Principal Place of Business

**2000 S. COLORADO BLVD., TWR. 2. #2-1000
DENVER CO 80222**

Mailing Address

**2000 S. COLORADO BLVD., TWR. 2. #2-1000
DENVER CO 80222**

FILED

01 MAY -4 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7071 103RD ST.

Suite, Apt. #, etc.

3. Mailing Address

7071 103RD ST.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32210

Country

USA

City & State

JACKSONVILLE, FL

Zip

32210

Country

USA

4. FEI Number

95-3983103

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

THOMAS O. MILLER

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

7071 103RD ST.

City

JACKSONVILLE, FL

Zip Code

32210

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

THOMAS O. MILLER GEN. PART. 4-30-01

9. Capital Contributions
as Shown on record.

\$493,800.00

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

DOCUMENT # **F92000000848**
NAME **MAE VENTURES, INC.**
STREET ADDRESS **2000 S. COLORADO BLVD., TWR. 2, #2-1000**
CITY-ST-ZIP **DENVER CO 80222**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

7071 103RD ST

CITY-ST-ZIP

JACKSONVILLE, FL 32210

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-30-01 (904) 777-5700

Date

Daytime Phone #