

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20910**

1. Entity Name

HOSPITALITY INNS PENSACOLA, LTD. II

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

2. Principal Place of Business

7071 103<sup>RD</sup> ST.

Suite, Apt. #, etc.

3. Mailing Address

7071 103<sup>RD</sup> ST.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32210

Country

USA

City & State

JACKSONVILLE, FL

Zip

32210

Country

USA

4. FEI Number

77-0096444

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 103<sup>RD</sup> 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

*Thomas O. Miller*  
Signature, typed or printed name of registered agent and title if applicable.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$732,905.00

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 103<sup>RD</sup> ST.

CITY-ST-ZIP

JACKSONVILLE, FL 32210

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

700004368337--7

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CITY-ST-ZIP

\*\*\*\*526.25 \*\*\*\*526.25

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-30-01 (904) 777-5700

FILED

01 MAY -4 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE