

# 2002 UNIFORM BUSINESS REPORT (UBR)

0006136 AT

FILED

02 APR 29 PM 6:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **A20910**

1. Entity Name  
**HOSPITALITY INNS PENSACOLA, LTD. II**

Principal Place of Business  
**7071 103RD STREET  
JACKSONVILLE FL 32210**

Mailing Address  
**7071 103RD STREET  
JACKSONVILLE FL 32210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **77-0096444**

Applied For  
Not Applicable

Zip 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

**THOMAS O. MILLER  
7071 103RD STREET  
JACKSONVILLE FL 32210**

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F92000000848**  
NAME **MAE VENTURES, INC.**  
STREET ADDRESS **7071 103RD STREET**  
CITY-ST-ZIP **JACKSONVILLE FL 32210**

STREET ADDRESS  
CITY-ST-ZIP **400005481344--5  
-05/07/02--01059--024  
\*\*\*526.25 \*\*\*526.25**

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP **BK**

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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: **THOMAS O. MILLER** **4-24-02** **777-5700** **(904)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)