

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

84

0015438 AF

DOCUMENT # A22154

1. Entity Name
ENTERPRISE CENTER HOTEL LIMITED PARTNERSHIP

00 MAR 20 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

173/28



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**121 W. TRADE ST. SUITE 2550
CHARLOTTE NC 28202**

Mailing Address
**121 W. TRADE ST. SUITE 2550
CHARLOTTE NC 28202-1160**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **56-1512968**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITH & HULSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202-4424**

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. **\$990.00**

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 #	H80498
NAME	HJF HOTEL CORPORATION
STREET ADDRESS	121 W TRADE STREET #1900
CITY - ST - ZIP	CHARLOTTE NC

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	STG 2650
CITY - ST - ZIP	

STREET ADDRESS	800003195858--2
CITY - ST - ZIP	-04/04/00--01094--018
	****141.25 ****141.25

STREET ADDRESS	
CITY - ST - ZIP	

STREET ADDRESS	
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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

BY: HJF HOTEL CORPORATION, GENERAL PARTNER

SIGNATURE: **DIANE K. HUNTER** 3-8-00 704-972-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **DIANE K. HUNTER** ASSISTANT SECRETARY

CR2E003 (9/99)