

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22154**

1. Entity Name

ENTERPRISE CENTER HOTEL LIMITED PARTNERSHIP

Principal Place of Business

**121 W. TRADE ST. SUITE 2550
CHARLOTTE NC 28202**

Mailing Address

**121 W. TRADE ST. SUITE 2550
CHARLOTTE NC 28202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

CT Corporation System

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

1200 South Pine Island Rd.

City

Plantation

FL

Zip Code

33324

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

(Change form already filed)

Signature, typed or printed name of registered agent and title if applicable. (NOT

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.

\$11,005,193.

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, SUITE 2550**
CITY-ST-ZIP **CHARLOTTE NC**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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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**

SIGNATURE:

By: **Nancy L. Farmer, Ass. Partner**

NANCY L. FARMER

4-6-01

704-972-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

0016067 AF

FILED

01 MAY 24 PM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE