

# 2001 UNIFORM BUSINESS REPORT (UBR)

0014045 AF

**DOCUMENT # A25403**

1. Entity Name  
**AMERICANA GULF MOTELS LIMITED PARTNERSHIP**

Principal Place of Business: **325 SOUTH GULFVIEW BLVD. CLEARWATER FL 34630**

Mailing Address: **325 SOUTH GULFVIEW BLVD, CLEARWATER FL 34630**

FILED  
01 MAY 15 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-2758820**

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

6. Name and Address of Current Registered Agent  
**OROSZ, EDITH  
325 SOUTH GULFVIEW BLVD.  
CLEARWATER FL 34630**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$2,129,247.00**

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 #	<b>G84864</b>	STREET ADDRESS	
NAME	<b>AMERICANA EAST INVST INC</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>325 SOUTH GULFVIEW BLVD.</b>		
CITY-ST-ZIP	<b>CLEARWATER FL</b>		
DOCUMENT #		STREET ADDRESS	<b>900004418699--8</b>
NAME		CITY-ST-ZIP	<b>06/13/01--01104--010</b>
STREET ADDRESS			<b>***526.25 ***526.25</b>
CITY-ST-ZIP			
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NAME		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: *Clara Saldaña* **SIGNATURE REGISTERED** 6/14/01 727 447-5293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)