

2000 UNIFORM BUSINESS REPORT (UBR)

0012120

DOCUMENT # A25576

1. Entity Name

HOSPITALITY SQUARE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

Principal Place of Business
%FLORIDA HOTEL & MOTEL ASSOCIATION, INC.
P. O. BOX 1529
TALLAHASSEE FL 32302

Mailing Address
%FLORIDA HOTEL & MOTEL ASSOCIATION, INC.
P. O. BOX 1529
TALLAHASSEE FL 32302-1529

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 59-2861079

Applied For
Not Applicable

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

WAITS, THOMAS A
FLORIDA HOTEL & MOTEL ASSOCIATION, INC.
200 WEST COLLEGE STREET
TALLAHASSEE FL 32301

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 4/6/00
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. \$1,000,000.00

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 #	704087	STREET ADDRESS	
NAME	FLORIDA HOTEL & MOTEL ASSOCIATION, INC.	CITY - ST - ZIP	
STREET ADDRESS	200 WEST COLLEGE AVE.		
CITY - ST - ZIP	TALLAHASSEE FL		
DOCUMENT #		STREET ADDRESS	600003245246--2
NAME		CITY - ST - ZIP	-05/09/00--01110--022
STREET ADDRESS			****526.25 ****526.25
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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:  DATE 4/6/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 858-224-2188
Daytime Phone #

CR2E003 (9/99)