

2001 UNIFORM BUSINESS REPORT (UBR)

319558 AB

DOCUMENT # **A28165**

1. Entity Name

OUTRIGGER LODGING SERVICES LIMITED PARTNERSHIP

Principal Place of Business
**1600 VENTURA BLVD.
SUITE 1010
ENCINO CA 91436**

Mailing Address
**P.O. BOX 88298
HONOLULU HA 96830-8298**

FILED

01 APR 20 PM 12:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4181890

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

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$0.00

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 # **F95000002431**
NAME **OUTRIGGER LODGING MANAGEMENT, INC.**
STREET ADDRESS **2375 KUHIO AVE.**
CITY-ST-ZIP **HONOLULU HI 96815**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **F93000001254**
NAME **FITTS LODGING SERVICES**
STREET ADDRESS **229 SOUTH STATE STREET**
CITY-ST-ZIP **DOVER DE**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

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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)(l), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)