

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001727**

1. Entity Name

**ORMOND INTERCHANGE INN EAST, LTD.**

Principal Place of Business

**170 WILLIAMSON BLVD.  
ORMOND BEACH FL 32174**

Mailing Address

**170 WILLIAMSON BLVD.  
ORMOND BEACH FL 32174**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**MULLINGER, STEVEN W  
170 WILLIAMSON BLVD.  
ORMOND BEACH FL 32174**

4. FEI Number

**59-3375750**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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 \_\_\_\_\_ (NOT \_\_\_\_\_) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating.

9. Capital Contributions  
as Shown on record.

**\$980,000.00**

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

DOCUMENT #  
NAME **BAZEMORE, JAMES L**  
STREET ADDRESS **2209 SOUTH ATLANTIC AVENUE**  
CITY-ST-ZIP **DAYTONA BEACH SHORES FL 32118**

DOCUMENT #  
NAME **MULLINGER, STEVEN W**  
STREET ADDRESS **170 WILLIAMSON BLVD.**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-27-01**

Date

**513-351-6000**

Daytime Phone #

FILED

**01 MAY -1 PM 5:56**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**MJH**

001698 AF

CR2E003 (11/00)