

2001 UNIFORM BUSINESS REPORT (UBR)

0013828 AF

DOCUMENT # **A97000000903**

1. Entity Name

HOTEL OPPORTUNITY, LTD.

Principal Place of Business

**2910 W. BAY TO BAY BLVD., SUITE 200
TAMPA FL 33629**

Mailing Address

**C/O BUENA VISTA HOSPITALITY GROUP, INC.
2910 WEST BAY TO BAY BLVD., SUITE 200
TAMPA FL 33629-8113**

FILED
JAN 22 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3440975

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FROST, MICHAEL H
2910 W. BAY TO BAY BLVD., SUITE 200
TAMPA FL 33629**

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.

\$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

13. ADDRESS CHANGES ONLY

DOCUMENT # **J33906**
NAME **BUENA VISTA HOSPITALITY GROUP, INC.**
STREET ADDRESS **2910 W. BAY TO BAY BLVD., SUITE 200**
CITY-ST-ZIP **TAMPA FL 33629**

STREET ADDRESS **400003576434--5**
CITY-ST-ZIP **-01/26/01--01048--019**
******526.25 ****526.25**

DOCUMENT # **P95000056875**
NAME **MIRROR PROPERTIES CORP.**
STREET ADDRESS **100 EAST MAIN STREET**
CITY-ST-ZIP **LAKELAND FL 33801**

STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)