

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001152

1. Entity Name

BOYNTON BEACH HOSPITALITY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

GO MAY 12 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

123 N. CONGRESS AVE., STE. 358
BOYNTON BEACH FL 33426

Mailing Address

123 N. CONGRESS AVE., STE. 358
BOYNTON BEACH FL 33426-4209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0794055

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

HAHN, JEFFREY B
1515 NORTH FEDERAL HIGHWAY, SUITE 300
BOCA RATON FL 33432

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

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.

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

7500

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 # P96000077402
NAME BOYNTON BEACH HOSPITALITY, INC.
STREET ADDRESS 1515 NORTH FEDERAL HIGHWAY, SUITE 300
CITY - ST - ZIP BOCA RATON FL 33432

STREET ADDRESS

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06/20/00-01075-012
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #