

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001848**

1. Entity Name

**LAKESIDE - MAINGATE ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY - 1 PM 12: 06



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1886 ROUTE 52  
HOPEWELL JUNCTION NY 12533

Mailing Address

1886 ROUTE 52  
HOPEWELL JUNCTION NY 12533

2. Principal Place of Business

2424 ROUTE 52  
Suite, Apt. #, etc.

3. Mailing Address

2424 ROUTE 52  
Suite, Apt. #, etc.

City & State

Hopewell Jct NY  
Zip 12533 Country USA

City & State

Hopewell Jct NY  
Zip 12533 Country USA

4. FEI Number

59-3464413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

\$2,636,000.00

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 # P97000073583  
NAME LAKESIDE - MAINGATE HOTEL CORP.  
STREET ADDRESS 1886 ROUTE 52  
CITY - ST - ZIP HOPEWELL JUNCTION NY 12533

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

2424 ROUTE 52

HOPEWELL JUNCTION NY 12533

DOCUMENT #

NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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

4/25/00  
Date

Daytime Phone #