

2000 UBR

DOCUMENT# A98000000832

1. Entity Name  
HOSPITALITY ASSOCIATES OF FT. MYERS, LTD.

Principal Place of Business  
C/O MILESTONE CAPITAL CORPORATION  
5835 NW 21ST WAY  
BOCA RATON FL 33496

Mailing Address  
C/O MILESTONE CAPITAL CORPORATION  
5835 NW 21ST WAY  
BOCA RATON FL 33496

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number 65-0825066  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDNICK, SANDER ESQ.  
C/O MILESTONE CAPITAL CORPORATION  
2300 WEST SAMPLE ROAD, SUITE 208  
POMPANO BEACH FL 33073

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
5835 NW 21st Way  
City Boca Raton FL Zip Code 33496

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$500,000.00  
10. Amount of Capital Contributions in FLORIDA to date. \$ 850,000  
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 # P98000029483  
NAME MILESTONE FT. MYERS MANAGEMENT, INC.  
STREET ADDRESS 2300 WEST SAMPLE ROAD, SUITE 208  
CITY-ST-ZIP POMPANO BEACH FL 33073

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5835 NW 21st Way  
CITY-ST-ZIP Boca Raton FL 33496

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 8/15/00 (954) 415-0088  
Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC -5 PM 12: 22



DO NOT WRITE IN THIS SPACE MJH

CR2E003 (5/00)