

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000832

1. Entity Name

HOSPITALITY ASSOCIATES OF FT. MYERS, LTD.

FILED

01 APR 18 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

13353 N. Cleveland Ave.

3. Mailing Address

5301 N. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 370

City & State

Ft. Myers, FL

City & State

Boca Raton FL

4. FEI Number

65-0825066

Applied For

Not Applicable

Zip

33903

Country

Zip

33487

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

Name Sander Mednick

Street Address (P.O. Box Number is Not Acceptable)

10 Milestone Capital Corp.

5835 NW 21st Way

City

Boca Raton

FL

Zip Code

33487

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.

\$850,000

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 # 998000029483  
NAME Milestone Ft. Myers Management, Inc.  
STREET ADDRESS 5301 N. Federal Hwy, Ste. 370  
CITY-ST-ZIP Boca Raton, FL 33487

13. ADDRESS CHANGES ONLY  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Sander Mednick

Date

Daytime Phone #

561-995-2249

CR2E003 (11/00)