

2001 UNIFORM BUSINESS REPORT (UBR)

0007416 AF

DOCUMENT # **A98000002043**

1. Entity Name

PALM BEACH GARDENS HOSPITALITY, LTD.

ENTERED
PGA

FILED

01 MAR 23 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf

Principal Place of Business

1475 W. GATEWAY BLVD.
BOYNTON BEACH FL 33426

Mailing Address

1475 W. GATEWAY BLVD.
BOYNTON BEACH FL 33426



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

C/O J. Hahn CPA
1515 N Federal Hwy
Boynton Beach FL
33432

4. FEI Number

65-0883282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAHN, JEFFREY B
1475 W. GATEWAY BLVD.
BOYNTON BEACH FL 33426

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

DOCUMENT # **P98000001113**
NAME **PALM BEACH GARDENS HOSPITALITY, INC.**
STREET ADDRESS **1475 W. GATEWAY BLVD.**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

400002932244--7
-03/30/01--01100--016
******141.25 ****141.25**

DOCUMENT #
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STREET ADDRESS

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

Daytime Phone #

CR2E003 (11/00)