

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015346 AF

DOCUMENT # B92000000001

1. Entity Name

LAKE PARK FLORIDA HOTEL LIMITED PARTNERSHIP

Principal Place of Business  
1025 NORTH FEDERAL HIGHWAY  
LAKE PARK FL

Mailing Address  
C/O ASHFORD FINANCIAL CORPORATION  
14180 DALLAS PARKWAY, SUITE 810  
DALLAS TX 75240

FILED

01 APR -6 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0368116

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

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
STE. 105  
TALLAHASSEE FL 32301

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.

\$1,748,570.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1748570

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 # F92000000253  
NAME LAKE PARK FLORIDA HOTEL CORP.  
STREET ADDRESS 1025 NORTH FEDERAL HIGHWAY  
CITY-ST-ZIP LAKE PARK FL

STREET ADDRESS

CITY-ST-ZIP

000004077030-7  
-04/25/01 --01048--003  
\*\*\*\*\*576.25 \*\*\*\*\*526.25

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NAME  
STREET ADDRESS  
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STREET ADDRESS

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\$1526.25

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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 REQUIRED

3-28-01

972-778-9282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)