

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

X014939  
AF

DOCUMENT # B93000000488

1. Entity Name

BRADENTON FLORIDA HOTEL LIMITED PARTNERSHIP

00 APR -5 PM 12: 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/19

Principal Place of Business

3506 1ST ST.  
BRADENTON FL 34208

Mailing Address

14180 DALLAS PARKWAY, STE. 810  
DALLAS TX 75240-4341



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

65-0424450

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.

\$1,000,650.00

10. Amount of Capital Contributions  
in FLORIDA to date.

1,000,650

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 # F93000005108  
NAME FLORIDA HOTEL II CORP.  
STREET ADDRESS 3506 1ST STREET  
CITY - ST - ZIP BRADENTON FL 34201

STREET ADDRESS

CITY - ST - ZIP

700003217777--9  
04/20/00 01114 021  
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-29-00

Date

972-778-7283

Daytime Phone #

CR2E003 (9/99)