

# 2002 UNIFORM BUSINESS REPORT (UBR)

0019270 AB

DOCUMENT # B94000000267

1. Entity Name

MCKIBBON HOTEL GROUP OF SARASOTA, FLORIDA, L.P.  
LTD.

FILED

02 JAN 22 PM 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

402 WASHINGTON ST., STE. 200  
GAINESVILLE GA 30501

Mailing Address

P.O. BOX 1018  
GAINESVILLE GA 30503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3272014

Applied For

Not Applicable

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
TALLAHASSEE FL 33324

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.

DATE

9. Capital Contributions  
as Shown on record.

\$477,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

477,000.00

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 # F93000004385  
NAME MCKIBBON HOTEL GROUP, INC.  
STREET ADDRESS 800 JESSE JEWELL PARKWAY, S.W.  
CITY-ST-ZIP GAINESVILLE GA 30501

STREET ADDRESS

402 Washington St.

CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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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: *ROBERT W. JACKSON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-8-02

Date

770-534-3381

Daytime Phone #

CR2E003 (9/01)