

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # B95000000026**

Entity Name

FILED**00 FEB -3 PM 2:25****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

300 HAMMONS PARKWAY, SUITE 900
SPRINGFIELD MO 65806300 HAMMONS PARKWAY, SUITE 900
SPRINGFIELD MO 65806

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1696396

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

CORPORATION SERVICE COMPANY**1201 HAYS STREET****TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

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

Capital Contributions
as Shown on record.**\$0.00**10. Amount of Capital Contributions
in FLORIDA to date.**- 0 -**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.**

GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	B94000000512	STREET ADDRESS	200003127732--8
NAME	JOHN Q. HAMMONS HOTELS, L.P.	CITY - ST - ZIP	-02/08/00--01098--019
STREET ADDRESS	300 HAMMONS PARKWAY, SUITE 900		****141.25 ****141.25
CITY - ST - ZIP	SPRINGFIELD MO 65806		
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STREET ADDRESS			
CITY - ST - ZIP			

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 #