

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B96000000252**

1. Entity Name

GRANDVIEW HOTEL LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business
383 EAST LEFFEL LANE
SPRINGFIELD OH 45505-4746

Mailing Address
207 GRANDVIEW DRIVE
FT. MITCHELL KY 41017-2758



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

61-1301288

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

N/A

9. Capital Contributions as Shown on record.

\$31,671,000.00

10. Amount of Capital Contributions in FLORIDA to date.

31,671,000.00

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 # **F96000003366**
NAME **GRANDVIEW HOTEL CORPORATION**
STREET ADDRESS **GREATER CINCINNATI INTERNATIONAL AIRPORT**
CITY - ST - ZIP **HEBRON KY 41048**

STREET ADDRESS

CITY - ST - ZIP

400003292994--1
-06/15/00--01158--008

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 I were the Secretary or Treasurer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY/TREASURER
GRANDVIEW HOTEL CORPORATION
GENERAL PARTNER OF
GRANDVIEW HOTEL LIMITED PARTNERSHIP

Date

4/14/2000

Daytime Phone #

CF 1 003 (04/00)