

2002 UNIFORM BUSINESS REPORT (UBR)

0019730 AB

DOCUMENT # **B96000000252**

1. Entity Name
GRANDVIEW HOTEL LIMITED PARTNERSHIP

FILED
02 APR 18 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Mailing Address
**207 GRANDVIEW DRIVE
FT. MITCHELL KY 41017**

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$31,671,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # **F96000003386**
NAME **GRANDVIEW HOTEL CORPORATION**
STREET ADDRESS **GREATER CINCINNATI INTERNATIONAL AIRPORT**
CITY-ST-ZIP **HEBRON KY 41048**

STREET ADDRESS
CITY-ST-ZIP

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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 670, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
GRANDVIEW HOTEL LIMITED PARTNERSHIP

Date **1/22/02** Daytime Phone #

CR2E003 (9/01)