

# 2000 UNIFORM BUSINESS REPORT (UBR)

0019:138 AB

**DOCUMENT # B96000000415**

1. Entity Name  
**GEGERO LODGING L.P.**

**FILED**  
**00 JAN 27 PM 3:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business  
**1013 CENTRE ROAD  
WILMINGTON DE 19805**

Mailing Address  
**140 SOUTH LOCUST, THIRD FLOOR  
CENTRALIA IL 62801-3533**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **37-1362359**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$400,000.00**

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

|                 |                                    |
|-----------------|------------------------------------|
| DOCUMENT #      | <b>F96000005485</b>                |
| NAME            | <b>DBG ENTERPRISES, INC.</b>       |
| STREET ADDRESS  | <b>140 SOUTH LOCUST, 3RD FLOOR</b> |
| CITY - ST - ZIP | <b>CENTRALIA IL 62801</b>          |
| DOCUMENT #      |                                    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| DOCUMENT #      |                                    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| DOCUMENT #      |                                    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |
| DOCUMENT #      |                                    |
| NAME            |                                    |
| STREET ADDRESS  |                                    |
| CITY - ST - ZIP |                                    |

13. ADDRESS CHANGES ONLY

|                 |                              |
|-----------------|------------------------------|
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |
| STREET ADDRESS  | <b>800003119458--4</b>       |
| CITY - ST - ZIP | <b>-02/01/00--01127--007</b> |
|                 | <b>****526.25 ****526.25</b> |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |
| STREET ADDRESS  |                              |
| CITY - ST - ZIP |                              |
| STREET ADDRESS  |                              |
| 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: D. BRUCE GEARY, PRES**  
**DBG ENTERPRISES, INC.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/17/2000 618-533-9445**  
Date Daytime Phone #

CR2E003 (9/99)