

2001 UNIFORM BUSINESS REPORT (UBR)

0019637 AF

DOCUMENT # B97000000279

1. Entity Name

MCKIBBON HOTEL GROUP OF TALLAHASSEE, FLORIDA #2,

FILED

01 JAN 25 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*ng*



Principal Place of Business  
800 JESSEE JEWELL PARKWAY, S.W.  
GAINESVILLE GA 30501

Mailing Address  
P.O. BOX 1018  
GAINESVILLE GA 30503

2. Principal Place of Business  
402 Washington St.  
Suite, Apt. #, etc.  
Suite 200  
City & State

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3462899  
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  
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

9. Capital Contributions as Shown on record. \$752,750.00  
10. Amount of Capital Contributions in FLORIDA to date. 752,750.00  
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	STREET ADDRESS	
NAME	MCKIBBON HOTEL GROUP, INC.	CITY-ST-ZIP	
STREET ADDRESS	800 JESSEE JEWELL PARKWAY, S.W.		
CITY-ST-ZIP	GAINESVILLE GA 30501		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	7000003602367--2
NAME		CITY-ST-ZIP	-01/30/01--01110--017
STREET ADDRESS			****526.25 ****526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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

*Dennis W. Jackson*

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-10-01 770 534-3381  
Date Daytime Phone #

CR2E003 (11/00)