

2000 UNIFORM BUSINESS REPORT (UBR)

0004571 SP

DOCUMENT # B98000000296

1. Entity Name

MCKIBBON HOTEL GROUP OF TALLAHASSEE, FLORIDA #3,

FILED

8/14

00 AUG -9 AM 10:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

800 JESSE JEWELL PARKWAY. S.W.
GAINESVILLE FL 30501

Mailing Address

800 JESSE JEWELL PARKWAY. S.W.
GAINESVILLE FL 30501

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 1018

Suite, Apt. #, etc.

City & State

Gainesville GA.

Zip

30503

Country

USA

4. FEI Number

59-3534852

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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.

\$700,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

1,580,000.00

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

DOCUMENT # F93000004385
NAME MCKIBBON HOTEL GROUP, INC.
STREET ADDRESS 800 JESSE JEWELL PARKWAY, S.W.
CITY-ST-ZIP GAINESVILLE FL 30501

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600003352836--9
-08/10/00--01088--006
2676.25 *926.25

\$526.25

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 for Mckibbon Hotel Group, Inc.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Gen. Partner 7-28-00 770 534-3389

CP2E003 (5/00)