

# 2000 UNIFORM BUSINESS REPORT (UBR)

0014794

DOCUMENT # B98000000403

1. Entity Name  
WYNDHAM HPT LESSEE, L.P.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

*ny*

Principal Place of Business  
1950 STEMMONS FREEWAY, SUITE 6001  
DALLAS TX 75207

Mailing Address  
1950 STEMMONS FREEWAY, SUITE 6001  
DALLAS TX 75207-3107



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*Same as above*

3. Mailing Address  
*Same as above*

Suite, Apt. #, etc. *11*

Suite, Apt. #, etc. *3*

City & State *4*

City & State *3*

Zip *4*

Country *4*

Zip *3*

Country *4*

4. FEI Number 75-2780916

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$0.00

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 #	M98000000640	STREET ADDRESS	STREET ADDRESS		
NAME	WYNDHAM HPT LESSEE LLC	CITY - ST - ZIP	CITY - ST - ZIP		
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001				
CITY - ST - ZIP	DALLAS TX 75207				
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	700003349377--9	
NAME		CITY - ST - ZIP	CITY - ST - ZIP	08/08/00--01066--001	
STREET ADDRESS				*****91.25 *****91.25	
CITY - ST - ZIP					
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	700003349377--9	
NAME		CITY - ST - ZIP	CITY - ST - ZIP	08/08/00--01066--002	
STREET ADDRESS				*****50.00 *****50.00	
CITY - ST - ZIP					
DOCUMENT #		STREET ADDRESS	STREET ADDRESS		
NAME		CITY - ST - ZIP	CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #		STREET ADDRESS	STREET ADDRESS		
NAME		CITY - ST - ZIP	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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/1/00 214 863 1000

Date Daytime Phone #

CR2E003 (9/99)