

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000374**

1. Entity Name

MCKIBBON HOTEL GROUP OF TAMPA, FLORIDA #4, L.P.

FILED

02 JAN 22 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**402 WASHINGTON ST., STE. #200
GAINESVILLE GA 30501**

Mailing Address
**P.O. BOX 1018
GAINESVILLE GA 30503**

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 **59-3596620**

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

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

DATE

9. Capital Contributions
as Shown on record.

\$2,120,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

2,120,500.00

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**
NAME **MCKIBBON HOTEL GROUP, INC.**
STREET ADDRESS **800 JESSE JEWELL PARKWAY, S.W.**
CITY-ST-ZIP **GAINESVILLE GA 30501**

STREET ADDRESS

402 Washington St.

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

100004830501--4

CITY-ST-ZIP

**01/20/02 01047 009
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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 620, Florida Statutes

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Dennis W. Jackson

Date

Daytime Phone #

1-8-02 770 534-3381

STAPLE CHECK HERE

CP2F003 (9/01)