

# 2001 UNIFORM BUSINESS REPORT (UBR)

page 1 of 2

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DOCUMENT # F94000004606

1. Entity Name  
JACKSONVILLE PT HOTEL CORPORATION

Principal Place of Business  
3003 SUMMER ST.  
STAMFORD SQUARE  
STAMFORD CT 06904-7900

Mailing Address  
C/O CSC  
1201 HAYS ST.  
TALLAHASSEE FL 32301

FILED

01 JUL 24 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 06-1405146

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
STRONE, MICHAEL J  
3003 SUMMER STREET  
STAMFORD CT 06904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WIEDERECHT, DAVID W  
3003 SUMMER STREET  
STAMFORD SQUARE CT 06904-7900 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
4000004493664--5

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
LEVANTI, STEPHEN J  
3003 SUMMER STREET  
STAMFORD CT 06904 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/2001

203-326-2300

CP2E034 (5/01)

Page 2012

CSC  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

CONTACT: Deborah Schroder, 521-0821, Ext. 1118

ACCOUNT #: 072100000032

REF#: 232502-10

AUTHORIZATION:

*Patricia Pizote*

COST LIMIT: \$550.00

ORDER DATE: 7-24-01

ENTITY NAME: Jacksonville PT Hotel Corporation

RECEIVED  
01 JUL 24 AM 11:25  
DIVISION OF CORPORATION

       DOMESTIC FILING

       FOREIGN FILING

----- ARTICLES OF INCORPORATION

----- CERTIFICATE OF LIMITED PARTNERSHIP

----- QUALIFICATION

----- CERTIFICATE OF LLC

----- ARTICLES OF AMENDMENT

       ANNUAL REPORT

       REINSTATEMENT

       MERGER

       DISSOLUTION

PLEASE RETURN

       STAMPED COPY

       CERTIFIED COPY

       CERTIFICATE OF GOOD STANDING