

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90152 002 ***150.00

0945935 AT

DOCUMENT # **F98000001118**

1. Entity Name
GAINESVILLE CABOT LODGE, INC.



Principal Place of Business
**1000 RED FERN PLACE
FLOWOOD MS 39208**

Mailing Address
**PO BOX 320009
FLOWOOD MS 39232**

11014000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **64-0891009**

Applied For

Not Applicable

Zip **39232**

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORRIS, JOHN E ESQ
201 N. MARION ST, SUITE 301
LAKE CITY FL 32055**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, EARLE F	
STREET ADDRESS	1000 RED FERN PLACE	
CITY-ST-ZIP	FLOWOOD MS 39208	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	STURDIVANT, GAINES P	
STREET ADDRESS	1000 RED FERN PLACE	
CITY-ST-ZIP	FLOWOOD MS 39208	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HART, MICHAEL J	
STREET ADDRESS	1000 RED FERN PLACE	
CITY-ST-ZIP	FLOWOOD MS 39208	
TITLE	D	<input type="checkbox"/> Delete
NAME	STURDIVANT, MIKE P	
STREET ADDRESS	DUE WEST RD	
CITY-ST-ZIP	GLENDORA MS 38928	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	39232	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael J Hart*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03

Date Daytime Phone #

CR2E034 (10/02)