## Applied For Not Applicable \$8.75 Additional $\Box$ Fee Required Zip Code Fl

## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # F98000005410 1. Entity Name BRISTOL HOTEL TENANT COMPANY 03-21-2000 90007 024 \*\*\*150.00 Mailing Address Principal Place of Business 14295 MIDWAY ROAD 14295 MIDWAY ROAD ADDISON TX 75001-3610 ADDISON TX 75001 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City, & State 4. FEI Number City & State 75-2760430 Zip i Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PCOOD Addition PCO0 ☐ Delete TITLE Change TITLE BECKERT, JOHN A 14295 MIDWAY BECKERT, JOHN A NAME NAME STREET ADDRESS STREET ADDRESS 14295 MIDWAY ROAD CITY-ST-ZIP ADDISON\_ TX 75001 CITY-ST-7IP ADDISON TX 75001 ☐ Addition ☐ Delete TITLE CFOVT **CFOV** TITLE MAYER, JEFFREY P. MAYER, JEFFREY B NAME NAME 14295 MIDWAY RD STREET ADDRESS STREET ADDRESS 14295 MIDWAY ROAD CITY-ST-ZIP ADDISON, TX 75001 CITY-ST-ZIP ADDISON TX 750012 ☐ Change Delete Addition Addition TITLE TITLE KLINE, J. PETER 14295 MIDWAY RD NAME NOLAN. EDWARD J NAME STREET ADDRESS STREET ADDRESS 14295 MIDWAY ROAD HODISON TX 75001 CITY-ST-7IP CITY-ST-ZIP ADDISON TX 75001 Addition 🔯 Delete TITLE THIF VS.∂ KAY, ANDREA D LUCIER, LYNN MARIE NAME NAME 14295 MIDWAY STREET ADDRESS STREET ADDRESS 14295 MIDWAY ROAD ADDISON TX 75001 CITY-ST-ZIP CITY-ST-ZIP ADDISON TX 75001 Addition **VCAO** ☐ Delete ☐ Change TITLE NAME NAME BAILEY, JOHN STREET ADDRESS STREET ADDRESS 14295 MIDWAY ROAD CITY-ST-ZIP CITY-ST-2IP ADDISON TX 75001 ☐ Change Addition ☐ Delete TITLE TITLE AS NAME KELSO, LINDA NAME STREET ADDRESS STREET ADDRESS 14295 MIDWAY ROAD CITY-ST-7IP CITY-ST-ZIP ADDISON TX 75001

13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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