

2001 UNIFORM BUSINESS REPORT (UBR)

0006036
AF

DOCUMENT # L00000004821

1. Entity Name

KUNAL HOTELS, L.L.C.

Principal Place of Business

Mailing Address

5922 TURKEY LAKE ROAD
ORLANDO FL 32819

5922 TURKEY LAKE ROAD
ORLANDO FL 32819

2. Principal Place of Business

221 S.W. 17th St.

3. Mailing Address

2319 S.E. 30th Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

City & State

OCALA, FLORIDA

Zip

34474

Country

MARION

Zip

34471

Country

MARION

4. FEI Number

59-3642358

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLANAGAN, GREGORY S ESQ
230 N.E. 25TH AVENUE, SUITE 200
OCALA FL 34470-6632

7. Name and Address of New Registered Agent

Name DIGVIJAY GAEKWAD

Street Address (P.O. Box Number is Not Acceptable)

2319 S.E. 30th Pl.

City Ocala

FL

Zip Code

34471

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 DIGVIJAY GAEKWAD (Managing member) 2/17/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM REDDY, KUCHAKULLA N
STREET ADDRESS 7399 S.E. 12TH CIRCLE
CITY-ST-ZIP Ocala FL 34480 ☐ Delete

TITLE NAME MGRM REDDY, GEETHA
STREET ADDRESS 7399 S.E. 12TH CIRCLE
CITY-ST-ZIP Ocala FL 34480 ☒ Delete

TITLE NAME MGRM GAEKWAD, DIGVIJAY
STREET ADDRESS 2319 S.E. 30TH PLACE
CITY-ST-ZIP Ocala FL 34471 ☐ Delete

TITLE NAME MGRM GAEKWAD, MANISHA
STREET ADDRESS 2319 S.E. 30TH PLACE
CITY-ST-ZIP Ocala FL 34471 ☒ Delete

TITLE NAME MGRM VASUDEVAN, RAM
STREET ADDRESS 3510 S.W. 24TH AVENUE ROAD
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

TITLE NAME MGRM VASUDEVAN, ANJU
STREET ADDRESS 3510 S.W. 24TH AVENUE ROAD
CITY-ST-ZIP Ocala FL 34474 ☒ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003783892-5
CITY-ST-ZIP -02/27/01-01142-017
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

FILED

01 FEB 23 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE