

2001 UNIFORM BUSINESS REPORT (UBR)

0020869 AF

DOCUMENT # L00000006349

1. Entity Name

AXIS HOSPITALITY GROUP LLC

FILED

01 JUN -7 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O VINCENT GREGG SHY
847 TANBARK DR #104
NAPLES FL 34108

Mailing Address
C/O VINCENT GREGG SHY
847 TANBARK DR #104
NAPLES FL 34108

2. Principal Place of Business
2706 HORSESHOE DRIVE S.
Suite, Apt. #, etc.
213
City & State
NAPLES FLORIDA
Zip
34104
Country
USA

3. Mailing Address
2706 HORSESHOE DRIVE S.
Suite, Apt. #, etc.
213
City & State
NAPLES FLORIDA
Zip
34104
Country
USA

4. FEI Number
59-3649061
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SHY, VINCENT GREGG
C/O VINCENT GREGG SHY
847 TANBARK DR #104
NAPLES FL 34108

7. Name and Address of New Registered Agent
Name
VINCENT GREGG SHY
Street Address (P.O. Box Number is Not Acceptable)
871 C MEADOWLAND DRIVE
City
NAPLES FL Zip Code
34108

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 VINCENT G. SHY 5/1/01
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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	SHY, VINCENT GREGG	847 TANBARK DR #104	NAPLES FL 34108	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR	SHY, VINCENT GREGG	871 C MEADOWLAND DRIVE	NAPLES FLORIDA 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: VINCENT G. SHY 5/1/01 944-582-0779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)