

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009191

1. Entity Name

FULL PLATE HOSPITALITY PROPERTIES, L.L.C.

Principal Place of Business

808 S. HOWARD AVENUE
TAMPA FL 33609

Mailing Address

808 S. HOWARD AVENUE
TAMPA FL 33609

2. Principal Place of Business

1215 W. Brandon Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1215 W. Brandon Blvd.

Suite, Apt. #, etc.

City & State

Brandon, Florida

City & State

Brandon, Florida

Zip

33511

Country

USA

Zip

33511

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALDEN, MICHAEL H ESQ.
300 FIRST AVE., NORTH
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500004035745--6
-04/20/01--01077--024
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALUZZI, PAUL 808 S. HOWARD AVENUE TAMPA FL 33609	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Paul A. Paluzzi 9415 Blind Pass Road, Suite 204 St. Pete Beach, FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Thomas McHale 16001 Langhorne Court Tampa, FL 33647	<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE OF PAUL A. PALUZZI

Paul A. Paluzzi

3/28/01

(813) 655-0027

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

Date

Daytime Phone #

CR2E083 (11/00)

00172 7

FILED

01 APR 13 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE