

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011072

1. Entity Name

LOXLEY HOSPITALITY COMPANY, L.L.C.

Principal Place of Business

4347 SUNSET BEACH RD
NICEVILLE FL 32578

Mailing Address

4347 SUNSET BEACH RD
NICEVILLE FL 32578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3679735

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VUCOVICH, HAROLD J
4347 SUNSET BEACH RD
NICEVILLE FL 32578

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

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME President
STREET ADDRESS Harold J. Vucovich
CITY-ST-ZIP 4347 Sunset Beach Boulevard
Niceville, FL 32578

TITLE ☐ Delete
NAME Secretary
STREET ADDRESS James E. Moore
CITY-ST-ZIP 6145 Old Bethel Road
Crestview, FL 32536

TITLE ☐ Delete
NAME Treasurer
STREET ADDRESS Richard L. Puckett
CITY-ST-ZIP 4528 Bohemia Place
Pensacola, FL 32504

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 4000043834
STREET ADDRESS -06/08/01--01040--030
CITY-ST-ZIP *****50.00 *****50.00

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

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

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CITY-ST-ZIP

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

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 #

Richard L. Puckett, Treasurer 5/2/01 850-476-5133

FILED

2001 MAY 10 PM 1:28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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