

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **201000008014**

1. Entity Name

MAGUIRE EXECUTIVE HOTEL GROUP



FILED

2003 JUL 28 PM 12:44

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2683 BALLARD AVE.

3. Mailing Address

2683 BALLARD AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

4. FEI Number

593730540

Applied For

Not Applicable

Zip

32833

Country

U.S.A.

Zip

32833

Country

U.S.A.

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

7. Name and Address of Current Registered Agent

Name

JAMES E. BOWERS

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

2683 BALLARD AVE.

City

ORLANDO

FL

Zip Code

32833

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGER MGR
NAME	JAMES E. BOWERS
STREET ADDRESS	2683 BALLARD AVE
CITY-ST-ZIP	ORLANDO, FL 32833
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

JAMES E. BOWERS

7-22-03

407-760-3711

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

Date

Daytime Phone #

CR2E083B (12/02)