

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91462 017 ****50.00

DOCUMENT # L01000013299

1. Entity Name

LAKE MARY HOTEL ASSOCIATES, LLC

Principal Place of Business

Mailing Address

**1629 WINCHESTER ROAD
 MEMPHIS TN 38116**

**1629 WINCHESTER ROAD
 MEMPHIS TN 38116**

87015

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

69-0010847

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

**F&L CORP.
 200 LAURA STREET JACKSONVILLE
 THE GREENLEAF BUILDING THIRD FLOOR
 JACKSONVILLE FL 32201**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **President** ☐ Delete
 NAME **Kem Wilson, JR.**
 STREET ADDRESS **1629 Winchester Rd.**
 CITY-ST-ZIP **Memphis, TN 38116**

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

TITLE **EXEC. VP** ☐ Delete
 NAME **Spence Wilson**
 STREET ADDRESS **1629 Winchester Rd.**
 CITY-ST-ZIP **Memphis, TN 38116**

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

TITLE **VP - CFO** ☐ Delete
 NAME **William Batt**
 STREET ADDRESS **1629 Winchester Rd**
 CITY-ST-ZIP **Memphis, TN 38116**

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

TITLE **EXEC. VP** ☐ Delete
 NAME **Robert A. Wilson**
 STREET ADDRESS **1629 Winchester Rd**
 CITY-ST-ZIP **Memphis, TN 38116**

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

TITLE **Secretary** ☐ Delete
 NAME **R.E. Wallin**
 STREET ADDRESS **1629 Winchester Rd**
 CITY-ST-ZIP **Memphis, TN 38116**

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

TITLE **Treasurer** ☐ Delete
 NAME **William Batt**
 STREET ADDRESS **1629 Winchester Rd**
 CITY-ST-ZIP **Memphis, TN 38116**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 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:

C. Ve...
 SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/01)