

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90082 044 \*\*\*\*50.00

**DOCUMENT # L01000013488**

1. Entity Name

**DAVENPORT ROYAL HOTEL, L.L.C.**

Principal Place of Business

**14914 WINDING CREEK COURT  
 SUITE 101  
 TAMPA FL 33613**

Mailing Address

**14914 WINDING CREEK COURT  
 SUITE 101  
 TAMPA FL 33613**

2. Principal Place of Business

**44117 HWY 27 NORTH**

Suite, Apt. #, etc.

3. Mailing Address

**44117 HWY 27 NORTH**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**DAVENPORT FL**

City & State

**DAVENPORT FL**

4. FEI Number

**59-3737230**

Applied For

Not Applicable

Zip

Country

**33897**

Zip

Country

**33897**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BASRA, SURINDER S  
 14914 WINDING CREEK COURT  
 SUITE 101  
 TAMPA FL 33613**

7. Name and Address of New Registered Agent

Name

**BASRA NARINDER S**

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

**44117 HWY 27 NORTH**

City

**DAVENPORT, FL 33897**

Zip Code

**33897**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**3/27/02**

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<br>NAME  | <b>MGR</b>   | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>BASRA, NARINDER S</b>                                       |                                 |
| CITY-ST-ZIP    | <b>14914 WINDING CREEK COURT, SUITE 101<br/>TAMPA FL 33613</b> |                                 |
| TITLE<br>NAME  | <b>MGR</b>   | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>BASRA, SURINDER S</b>                                       |                                 |
| CITY-ST-ZIP    | <b>14914 WINDING CREEK COURT, SUITE 101<br/>TAMPA FL 33613</b> |                                 |
| TITLE<br>NAME  |  | <input type="checkbox"/> Delete |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE<br>NAME  |  | <input type="checkbox"/> Delete |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE<br>NAME  |  | <input type="checkbox"/> Delete |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE<br>NAME  |  | <input type="checkbox"/> Delete |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |
|----------------|--|
| TITLE<br>NAME  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <b>44117 HWY 27 NORTH</b>  |
| CITY-ST-ZIP    | <b>DAVENPORT, FL 33897</b>   |
| TITLE<br>NAME  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <b>44117 HWY 27 NORTH</b>  |
| CITY-ST-ZIP    | <b>DAVENPORT, FL 33897</b>   |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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] REQUIRED**

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

Date

**3/27/02**

Daytime Phone #

CR2E083 (9/01)