

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-16-2002 90082 045 *****50.00

DOCUMENT # L01000013489

1. Entity Name

DAVENPORT HAMPTON INN, 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.

City & State

DAVENPORT FL

City & State

DAVENPORT FL

4. FEI Number

59-3737231

Applied For

Not Applicable

Zip

33897

Country

Zip

33897

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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

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

TITLE **MGR** ☐ Delete
 NAME **BASRA, NARINDER S**
 STREET ADDRESS **14914 WINDING CREEK COURT, SUITE 101**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE **MGR** ☐ Delete
 NAME **BASRA, SURINDER S**
 STREET ADDRESS **14914 WINDING CREEK COURT, SUITE 101**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **44117 HWY 27 NORTH**
 CITY-ST-ZIP **DAVENPORT, FL 33897**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **44117 HWY 27 NORTH**
 CITY-ST-ZIP **DAVENPORT, FL 33897**

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

TITLE ☐ Change ☐ Addition
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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] REQUIRED

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

3/27/02

Date

Daytime Phone #

CR2E083 (9/01)