

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000938

1. Entity Name

HOTEL VENTURE, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:08

Principal Place of Business

101 E. KENNEDY BLVD.
SUITE 3925
TAMPA FL 33602

Mailing Address

101 E. KENNEDY BLVD.
SUITE 3925
TAMPA FL 33602-5812



2. Principal Place of Business

2910 W. Bay to Bay Blvd.
Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

Zip
33629

Country

USA

3. Mailing Address

2910 W. Bay to Bay Blvd.
Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

Zip
33629

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3352574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FROST, MICHAEL H
101 E. KENNEDY BLVD.
SUITE 3925
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name: Frost, Michael H.
Street Address (P.O. Box Number is Not Acceptable):
2910 W. Bay to Bay Blvd.
Suite 200
City: Tampa FL Zip Code: 33629

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 NAME MGR
STREET ADDRESS LSF CORPORATION
CITY-ST-ZIP 101 E. KENNEDY BLVD., SUITE 3925
TAMPA FL 33602

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE NAME MGR
STREET ADDRESS LSF Corporation
CITY-ST-ZIP 2910 W. Bay to Bay Blvd., Suite 200
Tampa, FL 33629

☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
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TITLE NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)