

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000235

1. Entity Name

HOSPITALITY CONSTRUCTION COMPANY, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25 AM 11:02

Principal Place of Business

8895 N. MILITARY TRAIL
SUITE 206-D
PALM BEACH GARDENS FL 33410

Mailing Address

8895 N. MILITARY TRAIL
SUITE 206-D
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

204 EAGLETON LAKES BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS FL

City & State

4. FEI Number

65-0640380

Applied For

Not Applicable

Zip

33418

Country

PALM BEACH

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NICHOLS, L W
11380 PROSPERITY FARMS ROAD #204
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRN
COSTAS, JOHN
204 EAGLETON LAKES BLVD
PALM BEACH GARDENS FL 33418

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRN
COSTAS, IRENE
204 EAGLETON LAKES BLVD
PALM BEACH GARDENS FL 33418

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003409634-3
-09/29/00--01057--001
*****55.00 *****55.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

John S. Costas

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

20 SEPTEMBER 2001

Date

561-718-3579

Daytime Phone #

CR2E083 (5/00)