

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000416

1. Entity Name  
ORMINN WEST, L.C.

Principal Place of Business  
155 INTERCHARGE BLVD  
ORMOND BEACH FL 32174

Mailing Address  
155 INTERCHARGE BLVD  
ORMOND BEACH FL 32174

FILED

01 MAY -7 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 59-3444664

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

MULLINGER, STEVEN W  
170 WILLIAMSON BOULEVARD  
ORMOND BEACH FL 32174

Name

JILL QUARLES

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

155 INTERCHARGE BLVD

City

ORMOND BEACH

FL

Zip Code

32174

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

*Jill Quarles*

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

(NOTE: Registered Agent signature required when reinstating)

4/30/01

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

900004375579--3  
-06/07/01--01066--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR  
STREET ADDRESS CREATIVE HOTEL ASSOCIATES, L.L.C.  
CITY-ST-ZIP 6001 MONTROSE RD., STE. 1040  
ROCKVILLE MD 20852-4886 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ 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:

*Richard P. Kaden*

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

4/27/01

Date

301/881-6054

Daytime Phone #