

2000 UNIFORM BUSINESS REPORT (UBR)

0001314 AF

DOCUMENT # L97000000484

1. Entity Name
CAPE HOTEL ASSETS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB -9 AM 10:24

Principal Place of Business
325 FIFTH AVE
INDIALANTIC FL 32903

Mailing Address
325 FIFTH AVE
INDIALANTIC FL 32903-4263



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-3444720

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KOONIN, LAUREN B
325 FIFTH AVE
INDIALANTIC FL 32903

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 / MEMBERS

10.

ADDITIONS / CHANGES

TITLE MGR
NAME FAUST, CHARLES R
STREET ADDRESS 4116 N OCEAN DR #700
CITY-ST-ZIP LAUDERDALE-BY-THE-SEA FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
4000003140044--9
-02/18/00--01085--003
*****50.00 *****50.00

TITLE MGR
NAME KOONIN, LAUREN B
STREET ADDRESS 325 FIFTH AVE #207
CITY-ST-ZIP INDIALANTIC FL 32903

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
njf2116/00

TITLE MGR
NAME VOLKERT, LEON H
STREET ADDRESS 4116 N OCEAN DR #700
CITY-ST-ZIP LAUDERDALE-BY-THE-SEA FL 33308

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGR
NAME THOMPSON, C. WAYNE
STREET ADDRESS 325 FIFTH AVENUE #207
CITY-ST-ZIP INDIALANTIC FL 32903

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 REQUIRED

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

Date

Daytime Phone #

LAUREN B. KOONIN 1-31-00 (321) 725-7500

CR2E083 (9/99)