

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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DOCUMENT # L97000000490

1. Entity Name

WW HOSPITALITY COMPANY, L.L.C.

Principal Place of Business

6172 COMMERCIAL WAY (US 19)
WEEKI WACHEE FL 34606

Mailing Address

6172 COMMERCIAL WAY (US 19)
WEEKI WACHEE FL 34606-1120

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3445080

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

MASON, JOSEPH M JR.
101 S. MAIN ST.
BROOKSVILLE FL 34601

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 NAME MGRM FARRAR, JEFFREY M ☐ Delete
STREET ADDRESS 75 MILL ST.
CITY- ST- ZIP NEWPORT RI 02840

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700003236917--8
CITY- ST- ZIP -05/03/00--01067--008
*****50.00 *****50.00

TITLE NAME MGRM MCNAMARA, WILLIAM B ☐ Delete
STREET ADDRESS 937 HAVERFORD RD., STE. 201
CITY- ST- ZIP BRYN MAWR PA 19010

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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TITLE NAME ☐ Delete
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:

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

1.10.2000

Date

3525962007

Daytime Phone #