

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000814

1. Entity Name

WELCOME HOTELS AND MOTELS, L.C.

REINSTATEMENT 2001

FILED

Principal Place of Business

HOWARD JOHNSON HOTEL, 2055 NO. DALE MABRY  
TAMPA FL 33607

Mailing Address

13706 SUN COURT  
TAMPA FL 33624

01 OCT 17 PM 12:17

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

59-3517108

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

PATEL NIKUNJ A  
13706 SUN COURT  
TAMPA FL 33624

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  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME PATEL, NIKUNJ A  
STREET ADDRESS 13706 SUN COURT  
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200004649632--7  
CITY-ST-ZIP -10/23/01--01037--010  
\*\*\*\*155.00 \*\*\*\*155.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: N. Patel 08-02-01 813-875-8818

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

Date

Daytime Phone #

CR2E083 (5/01)