

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0017914 SP

DOCUMENT # L98000001196

1. Entity Name

LEESBURG INNKEEPERS, L.L.C.

00 APR 17 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

26508 U.S. 19 NORTH
CLEARWATER FL 33761

Mailing Address

26508 U.S. 19 NORTH
CLEARWATER FL 33761

2. Principal Place of Business

3. Mailing Address

9700 US 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Zip

Country

Zip

Country

34788

MINUM

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3523312

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

HINELY, MARGENA L
26508 U.S. 19 NORTH
CLEARWATER FL 33761

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 MGR
STREET ADDRESS HINELY, MARGENA L
CITY-ST-ZIP 26508 U.S. 19 NORTH
CLEARWATER FL 33761

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
100003228971--1
-04/28/00--01072
*****50.00 *****50.00

TITLE NAME MGR
STREET ADDRESS GOODMAN, MARIAN J
CITY-ST-ZIP 26508 U.S. 19 NORTH
CLEARWATER FL 33761

TITLE NAME
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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:

MARGENA L. HINELY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/16/00

(727) 796-1234

Daytime Phone #

CR2E083 (9/99)