

2001 UNIFORM BUSINESS REPORT (UBR)

0032619 SP

DOCUMENT # L98000001196

1. Entity Name
LEESBURG INNKEEPERS, L.L.C.

FILED

01 APR 23 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9700 US 44148 NORTH
LEESBURG FL 34788

Mailing Address

26508 U.S. 19 NORTH
CLEARWATER FL 33761



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9700 US 441

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3523312

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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* Margena L. Hinely
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/01 727 796-1234
Date Daytime Phone #

CR2E083 (11/00)