

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90193 016 \*\*\*\*50.00

**DOCUMENT # L98000001196**

1. Entity Name

**LEESBURG INNKEEPERS, L.L.C.**

Principal Place of Business

**9700 US 441  
 LEESBURG FL 34788**

Mailing Address

**26508 U.S. 19 NORTH  
 CLEARWATER FL 33761**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**36181 East Lake Rd**

**# 102**

**Palm Harbor, FL**

**34685**



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

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

7. Name and Address of New Registered Agent

Name

**Margot Pequignot**

Street Address (RD, Box Number is Not Acceptable)

**164 8th Ave. S.W.**

City

**Largo**

**FL**

Zip Code

**33770**

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4901 Quill Court**  
 CITY-ST-ZIP **Palm Harbor, FL 34685**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4901 Quill Court**  
 CITY-ST-ZIP **Palm Harbor FL 34685**

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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 REQUIRED** **Margena L. Hinely** **4/15/02** **727 943-2442**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)