

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002187

1. Entity Name

MJ HOTELS OF TALLAHASSEE, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -7 PM 2:05

Principal Place of Business

1601 BELVEDERE ROAD, SUITE 407
WEST PALM BEACH FL 33406

Mailing Address

1601 BELVEDERE ROAD, SUITE 407
WEST PALM BEACH FL 33406-1541



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0865970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MEYER, WILLIAM A
1601 BELVEDERE ROAD, SUITE 407
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS MEYER, WILLIAM A
CITY- ST- ZIP 1601 BELVEDERE ROAD, SUITE 407
WEST PALM BEACH FL 33406

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS ASARCH, GAIL
CITY- ST- ZIP 1601 BELVEDERE ROAD, SUITE 407
WEST PALM BEACH FL 33406

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS JABARA, THEODORE R JR.
CITY- ST- ZIP 366 EAST MADISON
CRESSKILL NJ 07628

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS JABARA, RICHARD
CITY- ST- ZIP 105 NEWTOWN ROAD
DANBURY CT 06810

TITLE ☐ Delete
NAME MGRM
STREET ADDRESS WALSH, JANET
CITY- ST- ZIP 6 BENTLY LANE
STONY BROOK NY 11790

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

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

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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)(f), 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

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

February 3, 2000

Date

Daytime Phone #

561 689-6600

CR2E083 (9/99)