

2000 UNIFORM BUSINESS REPORT (UBR)

0013823
A-

DOCUMENT # L98000002631

1. Entity Name
MAJESTIC MOTEL AND RESORT, L.C.

FILED

DEC 29 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
10901 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

Mailing Address
10901 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407-3524

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

59-3543425

4. FEI Number

APPLIED FOR

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

KIEHN, ROLAND W ESQ.
220 MCKENZIE AVENUE
PANAMA CITY FL 32407

Name MAJESTIC MOTEL LC

Street Address (P.O. Box Number is Not Acceptable)
10901 FRONT BEACH ROAD

City PANAMA CITY BEACH FL Zip Code 32407

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 MEM
STREET ADDRESS DETULLIO, JONATHAN
CITY- ST- ZIP 10901 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407 ☐ Delete

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

TITLE NAME MEM
STREET ADDRESS DETULLIO, LEONARD
CITY- ST- ZIP 10901 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

6-19-2000

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

Date

Daytime Phone #

CP2E083 (9/99)