

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90238 033 \*\*\*\*50.00  
01-28-2002 90025 019 \*\*\*\*50.00

**DOCUMENT # L98000002631**

1. Entity Name

**MAJESTIC MOTEL AND RESORT, L.C.**

Principal Place of Business

**10901 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32407**

Mailing Address

**10901 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32407**

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

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

**MAJESTIC MOTEL LC  
10901 FRONT BEACH ROAD  
PANAMA CITY BEACH FL 32407**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7.5.02**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **DETULLIO, JONATHAN**  
STREET ADDRESS **10901 FRONT BEACH ROAD**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**LEONARD DETULLIO**

**7.5.02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)

Attachment 39147

Per phone call

11/24/98

# L98000002631

10 P 78101

Form **SS-4**

# Application for Employer Identification Number

(Rev. February 1995)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EW 59-3543425

OMB No. 1545-0003

1 Name of applicant (legal name) (see instructions)	
Majestic Motel and Resort, L.C.	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.)	5a Business address (if different from address on lines 4a and 4b)
10901 Front Beach Rd	
4b City, state, and ZIP code	5b City, state, and ZIP code
Panama City Beach, FL 32407	
6 County and state where principal business is located	
Bay Florida	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or TIN may be required (see instructions) ▶ 593-96-6970	
Jonathan DeTullio	

8a Type of entity (Check only one box.) (see instructions)  
Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN)                                  | <input type="checkbox"/> Estate (SSN of decedent)      |
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Plan administrator (SSN)      |
| <input type="checkbox"/> REMIC  | <input type="checkbox"/> Other corporation (specify) ▶ |
| <input type="checkbox"/> State/local government                                 | <input type="checkbox"/> Trust                         |
| <input type="checkbox"/> Church or church-controlled organization               | <input type="checkbox"/> Federal government/military   |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶               | (enter GEN if applicable)                              |
| <input checked="" type="checkbox"/> Other (specify) ▶ Limited Liability Company |  |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
Florida	

9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ▶ Motel	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)	11 Closing month of accounting year (see instructions)
November 9, 1998	December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

Unknown at this time

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions).

Nonagricultural	Agricultural	Household
0		

14 Principal activity (see instructions) ▶ Motel

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶

☐ Yes ☒ No

16 To whom are most of the products or services sold? Please check one box.

☒ Public (retail) ☐ Other (specify) ▶ ☐ Business (wholesale) ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) (850) 230-1400

Fax telephone number (include area code) (850) 234-2565

Name and title (Please type or print clearly.) ▶ Jonathan DeTullio President

Signature ▶ Date ▶ 11/24/98

Please leave blank ▶

Geo.	Ind.	Class	Size	Reason for applying