

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003131

1. Entity Name

WATERS HOTEL PARTNERS I, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 14 PM 1:25

Principal Place of Business

3502 HENDERSON BLVD., SUITE 300
TAMPA FL 33609

Mailing Address

3502 HENDERSON BLVD., SUITE 300
TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

110 S. HOOVER BLVD.

3. Mailing Address

110 S. HOOVER BLVD

Suite/Apt. #, etc.

200

Suite/Apt. #, etc.

200

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3581138

Applied For

Not Applicable

Zip

33609

Country

Zip

33609

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, FORD B
3502 HENDERSON BLVD., SUITE 300
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

110 S. HOOVER BLVD

SUITE 200

City

TAMPA

FL

Zip Code

33609

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

Ford B. Smith Ford B. Smith

MANAGING MGR

7/12/00

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/MANAGERS

TITLE NAME MGRM BAYSTAR HOTEL GROUP, LLC
STREET ADDRESS 3502 HENDERSON BLVD., SUITE 300
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 110 S. HOOVER BLVD., SUITE 200
CITY-ST-ZIP TAMPA FL 33609

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Ford B. Smith Ford B. Smith MANAGING MGR 7/12/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)

812 F73 7827