

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004059

1. Entity Name

SMITH HOTELS, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 AM 11:42



Principal Place of Business

7017 OAKWOOD DRIVE  
NEWPORT RICHEY FL 34852

Mailing Address

C/O FRADKIN & FRADKIN  
14044 VENTURE BLVD., #301  
SHERMAN OAKS CA 91423-5249

2. Principal Place of Business

3. Mailing Address

4645 SOCURUM LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE LAND FL

Zip

Country

Zip

Country

33809

US

4. FEI Number

59-3586078

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

7. Name and Address of New Registered Agent

SMITH, RAYMOND H

7017 OAKWOOD DRIVE 4645 SOCURUM LOOP RD.

NEWPORT RICHEY FL 34852 LAKE LAND FL 33809

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

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
STREET ADDRESS SMITH, RAYMOND H  
CITY-ST-ZIP 7017 OAKWOOD DRIVE 4645 SOCURUM LOOP  
NEWPORT RICHEY FL 34852 LAKE LAND FL 33809

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP *mf 3/20/00*

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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: *Raymond H Smith* **SECURED** *RAYMOND H SMITH* 2-29-00 941-858-1411  
Date Daytime Phone #

CR2E083 (9/99)