

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90581 050 \*\*\*\*50.00

**DOCUMENT # L99000005379**

1. Entity Name

**OBT HOTEL LLC**

Principal Place of Business

**100 SECOND AVENUE SOUTH, SUITE 904  
ST. PETERSBURG FL 33701**

Mailing Address

**100 SECOND AVENUE SOUTH, SUITE 904  
ST. PETERSBURG FL 33701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3595047**

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

**RAZOOK, RICHARD J  
C/O FOLEY & LARDNER  
800 BRICKELL AVENUE, SUITE 201  
MIAMI FL 33131**

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MGR RAZOOK, FRED S JR. 330 COFFEE POT RIVIERA, N.E. ST. PETERSBURG FL 33704</b>			
<b>MGR RAZOOK, RICHARD J 800 BRICKELL AVENUE, SUITE 201 MIAMI FL 33131</b>			
<b>MGR MOENCH, CHRISTOPHER S- 1101 SNELL ISLE BOULEVARD, N.E. ST. PETERSBURG FL 33704-3855</b>			
<b>MGR SALZER, BRADLEY S 3322 JEAN CIRCLE TAMPA FL 33629</b>			
<b>MGR RUTLEDGE, J. MARK 1257 SNELL ISLE BOULEVARD, N.E. ST. PETERSBURG FL 33704-6211</b>			

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**

**4/25/02**

**(727) 825-7717**

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

Date

Daytime Phone #

CR2E083 (9/01)