

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 10 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006152

1. Entity Name
CALOOSAHATCHEE CONVENTION AND HOTEL DEVELOPMENT,

Principal Place of Business
201 NORTH FRANKLIN STREET, SUITE 2200
ONE TAMPA CITY CENTER
TAMPA FL 33602

Mailing Address
201 NORTH FRANKLIN STREET, SUITE 2200
ONE TAMPA CITY CENTER
TAMPA FL 33602-5182

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
Applied For ☒ 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

MITCHELL, STEPHEN J
201 NORTH FRANKLIN STREET, SUITE 2200
ONE TAMPA CITY CENTER
TAMPA FL 33602

7. Name and Address of New Registered Agent

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 _____ (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

TITLE MGR
NAME ANNIS, MITCHELL, COCKEY, EDWARDS & ROEHN
STREET ADDRESS 201 NORTH FRANKLIN STREET, SUITE 2200
CITY-ST-ZIP TAMPA FL 33602

TITLE MGR
NAME TRAMMEL CROW COMPANY
STREET ADDRESS 400 NORTH ASHLEY DRIVE
CITY-ST-ZIP TAMPA FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600003283936--1
-06/09/00--01117--022
*****50.00 *****50.00

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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 appointed to prepare this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *ANNIS, MITCHELL, COCKEY, EDWARDS & ROEHN*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/19/00
Date

813-229-3321
Daytime Phone #

000 07 AF

06/09/00 10:19:39