

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN 19 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007347

1. Entity Name

CAMPUS SUITES GENERAL, L.L.C.

Principal Place of Business

14 E. WASHINGTON STREET, SUITE 600  
ORLANDO FL 32801

Mailing Address

PO BOX 3628  
ORLANDO FL 32802-3628

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

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

LANG, THOMAS E

14 E. WASHINGTON ST., SUITE 600  
ORLANDO FL 32801

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 ☐ Delete  
President and Member  
Richard Hornbeck - MGRM  
STREET ADDRESS 14 E. Washington St. - #600  
CITY-ST-ZIP Orlando, FL 32801

TITLE NAME ☐ Change ☐ Addition  
700003259067-4  
STREET ADDRESS -05/19/00--01028--026  
CITY-ST-ZIP \*\*\*\*\*291.25 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Richard Hornbeck

Daytime Phone #

4/27/00

407-422-8250

CR2E083 19/99