

01 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008327

1. Entity Name
HOSPITALITY INNVESTORS, LLC

FILED

Principal Place of Business
2380 VIA DEL REY, SUITE A
BONITA SPRINGS FL 34134

Mailing Address
2380 VIA DEL REY, SUITE A
BONITA SPRINGS FL 34134

01 JUN 21 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3780 VIA DEL REY

3. Mailing Address

3780 VIA DEL REY

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

Zip

34134

Country

U.S.

Zip

34134

Country

U.S.

4. FEI Number

65-098

APPLIED FOR

0707

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

GEBHARDT, ROBERT C
5801 PELICAN BAY BLVD., SUITE 300
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

MEYERS, DAVID A.

Street Address (R.D. Box Number is Not Acceptable)

3780 VIA DEL REY, SUITE A

City

BONITA SPRINGS, FL

Zip Code

34134

8. The above named entry 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)

4/9/01

DATE

FILE NOW!!!-FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR
STREET ADDRESS 26056 CLARKSTON DRIVE
CITY-ST-ZIP BONITA SPRINGS FL 34135 ☐ 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
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

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:

DAVID A MEYERS

4-9-01

741-949-2915

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

Date

Daytime Phone #

CR2E083 (11/00)