

2001 UNIFORM BUSINESS REPORT (UBR)

003128 AB

DOCUMENT # M00000000204

1. Entity Name

HARDMAN'S HOTEL OF HOLIDAY, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR 26 PM 3:06

Principal Place of Business

P.O. BOX 227, RIVERWAY EAST
MILFORD NH 03055

Mailing Address

P.O. BOX 227, RIVERWAY EAST
MILFORD NH 03055



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

06-1571704

4. FEI Number

~~APPLIED FOR~~

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLHASSEE FL 32301

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
STREET ADDRESS
CITY - ST - ZIP
Herbert Hardman - MGRM
Box 227, Riverway East
MILFORD NH 03055

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
800003953458-7
-04/04/01--01077--024
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Cheryl Hardman - MGRM
Box 227, Riverway East
MILFORD, NH 03055

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/23/01

Date

603-
623-0214

Daytime Phone #

CR2E083 (11/00)