

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000204

1. Entity Name

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

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

2337 U.S. Hwy 19

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holiday, FL

City & State

Zip

34691

County

Pasco

Zip

Country

4. FEI Number

06-1571704

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLHASSEE FL 32301

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

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 Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
HARDMAN, HERBERT
BOX 227, RIVERWAY EAST
MILFORA NH 03055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
HARDMAN, CHERYL
BOX 227, RIVERWAY EAST
MILFORA NH 03055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

TITLE Delete
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Change Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

UNIVERSITY OF FLORIDA REQUIRED

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

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90007 015 ****50.00

931633



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)

31/02 603-673-0214
Daytime Phone #