

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000222

1. Entity Name

MATRIX LODGING, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -3 AM 11:02

Principal Place of Business

100 PIERCE STREET, SUITE 1101
CLEARWATER FL 33755

Mailing Address

100 PIERCE STREET, SUITE 1101
CLEARWATER FL 33755



2. Principal Place of Business

601 Cleveland St.

3. Mailing Address

601 Cleveland St.

Suite, Apt. #, etc.

Suite 330

Suite, Apt. #, etc.

Suite 330

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33755

Country

USA

Zip

33755

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3607092

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLENBURG, GERALD D

100 PIERCE STREET, SUITE 1101
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

same: Ellenburg, Gerald D

Street Address (P.O. Box Number is Not Acceptable)

601 Cleveland St

Suite 330

City

Clearwater

FL

Zip Code

33755

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

27 Sept 2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ELLENBURG, GERALD
STREET ADDRESS 100 PIERCE STREET, SUITE 1101
CITY-ST-ZIP CLEARWATER FL 33755
601 Cleveland St
Suite 330

☐ Delete

TITLE
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STREET ADDRESS
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10. ADDITIONS/CHANGES

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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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

27 Sept 2000 727-469-8900

CR2E083 (5/00)