

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000248

1. Entity Name
TAMPA ESUITES, LLC

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90067 021 ****55.00

981130



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8 S. FORT HARRISON AVE.
CLEARWATER FL 33755

8 S. FORT HARRISON AVE.
CLEARWATER FL 33755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3607392**

Applied For

Not Applicable

Zip

Country

33756-5105

Zip

Country

33756-5105

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

ELLENBURG, GERALD D
8 S. FORT HARRISON AVE.
CLEARWATER FL 33755

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ELLENBURG, GERALD D
8 S. FORT HARRISON AVE.
CLEARWATER FL 33755** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Matrix Lodging LLC
8 S. Ft. Harrison
Clearwater, FL 33756-5105** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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:

SIGNATURE

Gerald D. Ellenburg, Chairman
Managing Member

9-16-02 (727) 446-3000

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

Date

Daytime Phone #

CR2E083 (4/02)