

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90022 050 *****50.00

DOCUMENT # M96000000008

1. Entity Name

JACKSONVILLE AIRPORT HOTELS, LLC

Principal Place of Business

Mailing Address

**1000 RED FERN PLACE
FLOWOOD MS 39208****P.O. BOX 16807
JACKSON MS 39236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Flowood, ms

Zip

Country

Zip

Country

39232**39232****USA**

4. FEI Number

64-0869378

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

**NORRIS, JOHN E
201 N. MARION ST., STE 301
LAKE CITY FL 32056**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGR	STURDIVANT, MIKE P	DUE WEST ROAD	GLENDORA MS 38928				
MGR	STURDIVANT, GAINES P	1000 RED FERN PLACE	FLOWOOD MS 39208				
MGR	JONES, EARLE F	1000 RED FERN PLACE	FLOWOOD MS 39208				

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

Date

Daytime Phone #

3/2/02 601-936-3666

CR2E083 (9/01)