

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90067 044 *****50.00

DOCUMENT # M96000000042

1. Entity Name

PRUDAVIDSON TAMPA, L.L.C.

Principal Place of Business

**C/O DAVIDSON HOTEL COMPANY
 1755-D LYNNFIELD ROAD, SUITE 142
 MEMPHIS TN 38119**

Mailing Address

**C/O DAVIDSON HOTEL COMPANY
 1755-D LYNNFIELD ROAD, SUITE 142
 MEMPHIS TN 38119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3349667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

TITLE **MGRM** ☐ Delete
 NAME **PRUDENTIAL INSURANCE CO. OF AMERICA**
 STREET ADDRESS **C/O 8 CAMPUS DRIVE ARBOR CIRCLE SOUTH**
 CITY-ST-ZIP **PARSIPPANY NJ 07054**

TITLE **MGRM** ☐ Delete
 NAME **HILL, WILTON D**
 STREET ADDRESS **C/O 1755-D LYNNFIELD ROAD, SUITE 142**
 CITY-ST-ZIP **MEMPHIS TN 38119**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Wilton D. Hill

SIGNATURE REQUIRED

Wilton D. Hill
Member

3-1-02

(901)-761-4664

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

Date

Daytime Phone #

CR2E083 (9/01)