

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000012

1. Entity Name

MHI HOTELS, L.L.C.

Principal Place of Business

814 CAPITOL LANDING ROAD
WILLIAMSBURG VA 23185

Mailing Address

814 CAPITOL LANDING ROAD
WILLIAMSBURG VA 23185-4325

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 9:11



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6411 IVY LANE

Suite, Apt. #, etc.

512

City & State

Greenbelt MD

Zip

20770

Country

USA

4. FEI Number

52-1962873

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

300003162043--5
-03/08/00--01045--004
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME SIMS, ANDREW M
STREET ADDRESS 814 CAPITOL LANDING ROAD
CITY-ST-ZIP WILLIAMSBURG FL 23185

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MEMBER
NAME ZAISER, William
STREET ADDRESS 6411 IVY LANE #512
CITY-ST-ZIP Greenbelt, MD 20770

☐ Change ☒ Addition

TITLE MEMBER
NAME SIMS, Kim
STREET ADDRESS (Same)
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE MEMBER
NAME SIMS, Christopher
STREET ADDRESS (Same)
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE MEMBER
NAME BLACK, John
STREET ADDRESS (Same)
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE MEMBER
NAME SMITH, STEVEN
STREET ADDRESS (Same)
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

William Zaiser 2-15-00 301-474

0824

CR2E083 (9/99)