

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000603

1. Entity Name  
KOZA MOTEL INVESTMENTS L.L.C.

FILED

01 FEB 14 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

DBA/ECONO LODGE  
4311 W. HIGHWAY 192  
KISSIMMEE FL 34746

Mailing Address

DBA/ECONO LODGE  
4311 W. HIGHWAY 192  
KISSIMMEE FL 34746

2. Principal Place of Business

DBA HOWARD JOHNSON

Suite, Apt. #, etc.

4311 W. Irlo Bronson Hwy

City & State  
Kissimmee FL

Zip Country  
34746 USA

3. Mailing Address

DBA HOWARD JOHNSON

Suite, Apt. #, etc.

4311 W. Irlo Bronson Hwy

City & State  
Kissimmee FL

Zip Country  
34746 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0799998

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOZA, PETER  
4311 W. HWY 192  
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

Name KOZA PETER

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

4311 W. Irlo Bronson Hwy

City Kissimmee FL Zip Code 34746

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)

2/12/01

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGR KOZA, PETER ☐ Delete  
STREET ADDRESS 4311 W. HWY 192  
CITY-ST-ZIP KISSIMMEE FL

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

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

2/12/01 407/396-7100

Date

Daytime Phone #

0032811 SP

CR2E083 (11/00)