

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0015031 AF

DOCUMENT # M980000000003

1. Entity Name  
JACKSONVILLE AIRPORT HOTELS III, LLC

00 APR -3 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mf4/19



Principal Place of Business  
1000 RED FERN PLACE  
FLOWOOD MS 38208

Mailing Address  
1000 RED FERN PLACE  
FLOWOOD MS 39208-8879

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number 64-0887443  
Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

NORRIS, JOHN E ESQ  
201 N MARION STREET, SUITE 301  
LAKE CITY FL 32055

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

## 9. MANAGING MEMBERS / MEMBERS

TITLE MGR  
NAME STURDIVANT, MIKE P  
STREET ADDRESS P.O. BOX 230 N/A  
CITY-ST-ZIP GLENDORA MS 38928

TITLE MGR  
NAME STURDIVANT, GAINES P  
STREET ADDRESS 1000 RED FERN PLACE  
CITY-ST-ZIP FLOWOOD MS 38208

TITLE MGR  
NAME JONES, EARLE F  
STREET ADDRESS 1000 RED FERN PLACE  
CITY-ST-ZIP FLOWOOD MS 38208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

500003219135--0  
-04/21/00--01115--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/17/00 64-936-3666  
Date Daytime Phone #

CP2E083 (9/99)