

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000379

1. Entity Name
RADISSON TAMPA LLC

Principal Place of Business

12755 STATE HIGHWAY 55
MINNEAPOLIS MN 55441

Mailing Address

12755 STATE HIGHWAY 55
MINNEAPOLIS MN 55441

2. Principal Place of Business

1405 Xenium Lane No.
Suite, Apt. #, etc.

3. Mailing Address

P O Box 59159

Suite, Apt. #, etc.

ATTN: Tax Dept.

City & State
Minneapolis MN

City & State
Minneapolis MN

Zip Country
55441 USA

Zip Country
55459-8250 USA

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

4. FEI Number

41-1905445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete
MGRM
RADISSON HOTEL CORP.
STREET ADDRESS 12755 STATE HIGHWAY 55
CITY- ST- ZIP MINNEAPOLIS MN 55441

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 1405 Xenium Lane No.
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 600003283986--6
CITY- ST- ZIP -06/12/00--01006--010
*****50.00 *****50.00

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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:

Darrel M. Hamann Darrel M. Hamann, VP - Tax 4-24-00 763-212-2920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

APPROVED
AND
FILED

00 MAY 18 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/99)