

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State

08-21-2002 90092 023 ****50.00

DOCUMENT # M98000000867

1. Entity Name

CAPITOL PENSACOLA, LLC

Principal Place of Business

Mailing Address

**3825 COLUMBUS ROAD, S.W., BUILDING F
 GRANVILLE OH 43023**

**3825 COLUMBUS RD SW
 BDLG F
 GRANVILLE OH 43023**

2. Principal Place of Business

8080 North Davis Hwy
 Suite, Apt. #, etc.

3. Mailing Address

130 Maple Drive North
 Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Hendersonville, TN

Zip

32514

Country

USA

Zip

37075

Country

USA

4. FEI Number **31-1606405**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
 NAME **CAPITOL REALTY I, LLC**
 STREET ADDRESS **3825 COLUMBUS ROAD, S.W., BUILDING F**
 CITY-ST-ZIP **GRANVILLE OH 43023**

TITLE **MGR** ☒ Change ☐ Addition
 NAME **ShoLodge, Inc.**
 STREET ADDRESS **130 Maple Drive North**
 CITY-ST-ZIP **Hendersonville, TN 37075**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Bob Marlowe, CFO, ShoLodge, Inc. (Manager)
 8/13/02
 (615) 264-8000

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

Date Daytime Phone #

CR2E083 (4/02)