

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001122

1. Entity Name

MERISTAR SANIBEL BEACH COMPANY, L.L.C.

FILED

00 JAN 24 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1010 WISCONSIN AVENUE, N.W.
WASHINGTON DC 20007

Mailing Address
1010 WISCONSIN AVENUE, N.W.
WASHINGTON DC 20007-3603



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0872699

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM
STREET ADDRESS MERISTAR HOSPITALITY OPERATING PTNRSH, LP
CITY- ST- ZIP 1010 WISCONSIN AVENUE, N.W.
WASHINGTON DC 20007 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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10.

ADDITIONS / CHANGES

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

☐ Change ☐ Addition

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*****50.00 *****50.00

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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 #

1/10/00

202-965-4455