

# 2000 UNIFORM BUSINESS REPORT (UBR)

0014997 AF

DOCUMENT # **M99000000044**

1. Entity Name  
**SOUTHEAST HOTEL PARTNERS II, LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB -7 PM 12:16

Principal Place of Business  
**5178 WHEELIS DRIVE. SUITE 5  
MEMPHIS TN 38117**

Mailing Address  
**5178 WHEELIS DRIVE. SUITE 5  
MEMPHIS TN 38117-4578**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**62-176516** APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WRIGHT, MICHAEL E  
201 E. PINE STREET, SUITE 1200  
ORLANDO FL 32801**

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGR  
BALTON, STEPHEN M  
5178 WHEELIS DRIVE. SUITE 5  
MEMPHIS TN 38117**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MEM  
JACKSON, TIM  
2274 DOGWOOD GLENN COVE  
GERMANTOWN TN 38139**

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 #

**Signature Required**  
*Stephen M Balton*

**1-20-00**

**901-761-3171**

CR2E083 (9/99)