

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02733

1. Entity Name

MINNESOTA HOTEL COMPANY, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90021 045 \*\*\*150.00

80018656



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3210 BELT LINE RD  
SUITE 140  
DALLAS TX 75234  
US

3210 BELT LINE RD  
SUITE 140  
DALLAS TX 75234-2324  
US

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

33-0017621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRASSER, PAUL R.  
8875 HIDDEN RIVER PARKWAY  
SUITE 300  
TAMPA FL 33637

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	GREENWALD, MICHAEL R.	
STREET ADDRESS	3210 BELTLINE RD, #140	
CITY-ST-ZIP	DALLAS TX 75234	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ROCHE, CHRISTINE M	
STREET ADDRESS	3210 BELT LINE ROAD STE 140	
CITY-ST-ZIP	DALLAS TE	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RALPH, DOUGLAS A.	
STREET ADDRESS	3210 BELTLINE RD, #140	
CITY-ST-ZIP	DALLAS TX 75234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Christine M. Roche*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00 (972) 280-0700  
Date Daytime Phone #

CR2E034 (9/99)