

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P21268

1. Entity Name

Best Inns, Inc.

Principal Place of Business

2500 South Main Street  
Lebanon, OR 97353

Mailing Address

1205 Skyline Drive  
P. O. Box 1719  
Marion, IL 62959

FILED

00 MAY 22 PM 4: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** 99-00

4. FEI Number

48-1006028

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

CT Corporation System

1200 South Pine Island Rd.

Plantation, Florida 33324

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

*Connie Bryan*

*Connie Bryan, Special Asst. Secy.*

5-22-00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

☒ Change ☐ Addition

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☐ Change ☐ Addition

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:

*Greg Miller, Pres. & CEO*

CEO

6/13/2000

(503) 629-6210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Miller

Date

Daytime Phone #

CR2 034 (9/99)

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2022475-3  
(Sub Account)

DATE: 5-22

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: ( ) ( - ) ext ( )

CONTACT NAME:

CORPORATION NAME: Best Inns, Inc.

DOCUMENT NUMBER: P21268  
(if applicable)

AUTHORIZATION:

Cynthia J. Woodward

WBR to  
reinstate

☐ CERTIFIED COPY (1-2)  
☐ CERTIFICATE OF STATUS (1-2)  
☒ PLAIN STAMPED COPY

( ) Call When Ready  
( ) Walk In  
( ) Mail Out

( ) Call if Problem  
( ) Will Wait

( ) After 4:00  
( ) Pick Up

File  
First