

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34602

1. Entity Name

SOUTHEASTERN HOTELS MANAGEMENT, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90129 019 ***150.00

Principal Place of Business	Mailing Address
RAMADA INN BAYVIEW 7601 SCENIC HWY PENSACOLA FL 32504 US	RAMADA INN BAYVIEW 3028 MONTCLAIR ROAD, STE 200 BIRMINGHAM AL 35261-0185 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 610185
City & State	City & State Birmingham, AL
Zip	Zip 35261
Country	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3072802	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SINGH, BIKRAM 7601 SCENIC HWY PENSACOLA FL 32504	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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/00 205-595-9102

CR2E034 (9/99)