

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007721

1. Entity Name

COMFORT SUITES INN OF JACKSONVILLE, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90063 001 ***300.00

Principal Place of Business

Mailing Address

1181 AIRPORT RD.
 JACKSONVILLE FL 32218

1181 AIRPORT RD.
 JACKSONVILLE FL 32218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3491160

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BARTLETT, BARON L P.A.
 50 HIGHWAY A1A STE. 103
 JACKSONVILLE FL 32082

Name

James W. Mathews - Maige, Mathews & Co. P.A.

Street Address (P.O. Box Number is Not Acceptable)
 3740 St. Johns Bluff Road

Suite 5

City
 Jacksonville

FL

Zip Code
 32224

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 Baharat Brahmhatt, President

2/24/00

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 **PSTD** ☒ Delete
 NAME **BRAHMBHATT, P.J.**
 STREET ADDRESS **1181 AIRPORT RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **President** ☒ Change ☐ Addition
 NAME **Baharat Brahmhatt**
 STREET ADDRESS **1181 Airport Rd**
 CITY-ST-ZIP **Jacksonville, FL 32218** ☐ Change ☐ Addition

TITLE **VD** ☐ Delete
 NAME **BRAHMBHATT, NITIN**
 STREET ADDRESS **1181 AIRPORT RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Sec./Treas.** ☐ Change ☒ Addition
 NAME **P.J. Brahmhatt**
 STREET ADDRESS **1181 Airport Rd.**
 CITY-ST-ZIP **Jacksonville, FL 32218**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *P.J. Brahmhatt* P.J. Brahmhatt, Sec/Treas. 2-25-00 (904) 741-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)