

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

05-17-2000 91050 001 \*\*\*750.00

**DOCUMENT # P98000030475**

1. Entity Name  
**HISTORIC JAMES HOTEL, INC.**

R

Principal Place of Business      Mailing Address  
**8855 BLANCHARD AVE**      **8855 BLANCHARD AVE**  
**FONTANA CA 92335**      **FONTANA CA 92335-4843**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**      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  
**TOWNSEND, WILLIAM L JR**      Name  
**200 REID ST**      Street Address (P.O. Box Number is Not Acceptable)  
**FIRST UNION BANK BLVD**      City      **FL**      Zip Code  
**PALATKA FL 32178-0250**

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.  **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	<b>PSTD BURK, RUTH 8855 BLANCHARD AVE FONTANA CA 92335</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Ruth A. Burk*      *April 27 2000*      *9098770808*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E034 (9/99)

DOC # P98000030475 / 106932

Form **SS-4**

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN
OMB No. 1545-0003

(Rev. February 1998)  
Department of the Treasury  
Internal Revenue Service

▶ Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <u>Ruth A. Burk-Historic James Hotel, Inc</u>	
	2 Trade name of business (if different from name on line 1) <u>Historic James Hotel, Inc.</u>	3 Executor, trustee, "care of" name <u>Ruth A. Burk</u>
	4a Mailing address (street address) (room, apt., or suite no.) <u>8855 Blanchard Ave</u>	5a Business address (if different from address on lines 4a and 4b) <u>Same</u>
	4b City, state, and ZIP code <u>Fontana, Ca. 92335</u>	5b City, state, and ZIP code <u>Same</u>
	6 County and state where principal business is located	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ <u>Ruth A. Burk - 209 307744</u>	

8a Type of entity (Check only one box.) (see instructions)  
Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ▶
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ▶	

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	<u>Florida</u>	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)

<input type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ▶
	<input checked="" type="checkbox"/> Other (specify) ▶ <u>Building Only.</u>

10 Date business started or acquired (month, day, year) (see instructions)

11 Closing month of accounting year (see instructions)

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

14 Principal activity (see instructions) ▶

15 Is the principal business activity manufacturing? . . . . .  Yes  No  
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.  Business (wholesale)  N/A  
 Public (retail)  Other (specify) ▶

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .  Yes  No  
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) ▶ Ruth A. Burk

Signature ▶ Ruth A. Burk Date ▶ 7-1-00

Business telephone number (include area code) 909-877-0808  
Fax telephone number (include area code) 909-823-9922

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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