2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030475

1. Entity Name

HISTORIC JAMES HOTEL, INC.

R

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number **APPLIED FOR**	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
TOWNSEND, WILLIAM L JR 200 REID ST FIRST UNION BANK BLVD PALATKA FL 32178-0250	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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BURK, RUTH 8855 BLANCHARD AVE FONTANA CA 92335	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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   Date   Daytime Phone #

DOC#P98000030475/106932

Application for Employer Identification Number

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

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1	Name of applicant (legal name) (see instructions)
	Ruth A. Burk-Historic James Hotel, Inc

2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
Historic James Hotel, Inc.	Ruth A. Burk

4a Mailing address (street address) (room, apt., or suite no.)	5a Business address (if different from address on lines 4a and 4b)
8855 Blanchard Ave	Same

4b City, state, and ZIP code	5b City, state, and ZIP code
Fontana, Ca. 92335	Same

6	County and state where principal business is located

7	Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶
	Ruth A. Burk — 209 30 7144

8a Type of entity (Check only one box.) (see instructions)

Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

☐ Sole proprietor (SSN) _____
☐ Partnership   ☐ Personal service corp.
☐ REMIC   ☐ National Guard
☐ State/local government   ☐ Farmers' cooperative
☐ Church or church-controlled organization
☐ Other nonprofit organization (specify) ▶ _____
☐ Other (specify) ▶

☐ Estate (SSN of decedent) _____
☐ Plan administrator (SSN) _____
☐ Other corporation (specify) ▶ _____
☐ Trust
☐ Federal government/military
   (enter GEN if applicable) _____

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

9 Reason for applying (Check only one box.) (see instructions)
☐ Started new business (specify type) ▶_____
☐ Hired employees (Check the box and see line 12.)
☐ Created a pension plan (specify type) ▶
☐ Banking purpose (specify purpose) ▶ _____
☐ Changed type of organization (specify new type) ▶ _____
☐ Purchased going business
☐ Created a trust (specify type) ▶
☒ Other (specify) ▶ Building Only.

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

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)
☐ Public (retail)   ☐ Other (specify) ▶   ☐ N/A

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

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

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

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

For Paperwork Reduction Act Notice, see page 4.   Cat. No. 16055N   Form **SS-4** (Rev. 2-98)