

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90003 022 ***550.00

DOCUMENT # P98000033616

1. Entity Name
DAYS INN OF CRESTVIEW, INC.

Principal Place of Business

P.O. BOX 130
 CRESTVIEW FL 32536

Mailing Address

P.O. BOX 130
 CRESTVIEW FL 32536

A0077879



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4255 S. Ferdon Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Crestview FL

City & State

4. FEI Number **59-3527995**

Applied For
 Not Applicable

Zip **32536** Country **Okaloosa**

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

PATEL, KISHOR N
349 SW MIRACLE STRIP PKWY
FT WALTON BEACH FL 32548

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☐ Delete
 NAME **JOHNSON, TRACY**
 STREET ADDRESS **4255 S FERDON BLVD**
 CITY-ST-ZIP **CRESTVIEW FL 32536**

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

TITLE **V** ☐ Delete
 NAME **RAMAN, ANJANA**
 STREET ADDRESS **4255 S FERDON BLVD**
 CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE ☒ Change ☐ Addition
 NAME **Raman, Anjna**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **PATEL, KISHOR N**
 STREET ADDRESS **349 SW MIRACLE STRIP PKWY**
 CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **Ft. Walton Beh FL 32548**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)