

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085623

1. Entity Name

GRAND INN-DOWNTOWN NAPLES, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90111 018 ***150.00

Principal Place of Business

3838 TAMiami TRAIL #410
 NAPLES FL 34103

Mailing Address

3838 TAMiami TRAIL #410
 NAPLES FL 34108-8903

2. Principal Place of Business

1100 PINE RIDGE ROAD

Suite, Apt. #, etc.

3. Mailing Address

1100 PINE RIDGE ROAD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 NAPLES, FLORIDA

Zip
 34108-8903

Country

City & State
 NAPLES, FLORIDA

Zip
 34108-8903

Country

4. FEI Number 59-3536894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

THOMAS, CONROY J P.A.
 3838 TAMiami TRAIL NORTH
 SUITE #402
 NAPLES FL 34103

7. Name and Address of New Registered Agent

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

TITLE PSTD ☐ Delete
 NAME KESSOUS, MICHAEL
 STREET ADDRESS 3838 TAMiami TRAIL #410
 CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition
 NAME KESSOUS, MICHAEL
 STREET ADDRESS 1100 PINE RIDGE ROAD
 CITY-ST-ZIP NAPLES, FL 34108-8903

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

TITLE ☐ Change ☐ Addition
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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: X *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/25/00

Date

X 941-649-1230

Daytime Phone #