

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90080 039 \*\*\*150.00

**DOCUMENT # P99000050184**

1. Entity Name

**LODGING HOSPITALITY HOTELS INC.**

Principal Place of Business

Mailing Address

W. MICHIGAN AVE., STE. 17-A  
 PENSACOLA FL 32526

2400 W. MICHIGAN AVE., STE. 17-A  
 PENSACOLA FL 32526-2219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3584126**

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

**PATEL, NARESH**  
**2400 W. MICHIGAN AVE., STE. 17-A**  
**PENSACOLA FL 32526**

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	STE. 17-A
CITY-ST-ZIP	32526
TITLE	<input type="checkbox"/> Delete
NAME	NARESH PATEL
STREET ADDRESS	2400 W. MICHIGAN AVE. STE. 17-A
CITY-ST-ZIP	PENSACOLA FL 32526
TITLE	<input type="checkbox"/> Delete
NAME	DIRECTOR
STREET ADDRESS	2400 W. MICHIGAN AVE. STE. 17-A
CITY-ST-ZIP	PENSACOLA FL 32526
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President Jay Patel
STREET ADDRESS	2400 W. Michigan Ave. - Suite 17-A
CITY-ST-ZIP	Pensacola, FL 32526
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Senior V.P. Nash Patel
STREET ADDRESS	2400 W. Michigan Ave. - Suite 17A
CITY-ST-ZIP	Pensacola, FL 32526
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director Neelsh Patel
STREET ADDRESS	2400 W. Michigan Ave. - Suite 17A
CITY-ST-ZIP	Pensacola, FL 32526
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

2-24-00

850-457-3469

CR2E034 (9/99)