

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90063 036 ***150.00

DOCUMENT # P99000105919

1. Entity Name

SHREE HOSPITALITY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4670 W. U.S. HWY 90

3. Mailing Address C/O RAMADA LTD.

4670 W. U.S. HWY 90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE CITY FL

City & State

LAKE CITY FL

4. FEI Number

59-3616720

Applied For

Not Applicable

Zip

FL

Country

USA

Zip

32052

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DILIP THAYERI

Street Address (P.O. Box Number is Not Acceptable)

4670 W. U.S. HWY 90

City

LAKE CITY

FL

Zip Code

32055

**DO NOT WRITE
IN THIS SPACE**

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

D.J. R

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/02

DATE

9. This corporation is eligible to satisfy its Intangible

1. Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME DILIP THAYERI
STREET ADDRESS 4670 W. U.S. HWY 90
CITY - ST - ZIP LAKE CITY, FL 32055

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

D.J. R

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

386-752-6262

Daytime Phone: #