

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90050 001 ***450.00

DOCUMENT # J61437

1. Entity Name

AMERICAN INN OF COLUMBIA COUNTY, INC.

Principal Place of Business

Mailing Address

**% PRAPTI/INTERSTATE GROUP
 P.O. BOX 2536
 DES PLAINES IL 60017-2536**

**% PRAPTI/INTERSTATE GROUP
 P.O. BOX 2536
 DES PLAINES IL 60017-2536**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**ARVIND PATEL
 4295 EISENHOWER CR.
 HOFFMAN ESTATES, IL 60195**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1792440**

Applied For
 Not Applicable

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

**BRANNON, BROWN, HALEY, ROBINSON & COLE, PA
 10 N COLUMBIA STREET
 ATTN MR. BILL HALEY
 LAKE CITY FL 32055-0922**

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, 2001 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	SD	<input type="checkbox"/> Delete
NAME	PATEL, A	
STREET ADDRESS	4295 EISENHOWER CIRCLE	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60195	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PATEL, ARVIND M.D.	
STREET ADDRESS	4295 EISENHOWER CIRCLE	
CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Arvind Patel*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/01 847 299 6425
 Date Daytime Phone #

CR2E034 (10/00)