

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90500 001 \*\*\*450.00

**DOCUMENT # J61437**

1. Entity Name

**AMERICAN INN OF COLUMBIA COUNTY, INC.**

Principal Place of Business

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

Mailing Address

**ARVIND PATEL**  
**4295 EISENHOWER CIR.**  
**HOFFMAN ESTATES IL 60195**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATEL, A</b>	NAME	
STREET ADDRESS	<b>4295 EISENHOWER CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOFFMAN ESTATES IL 60195</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATEL, ARVIND M.D.</b>	NAME	
STREET ADDRESS	<b>4295 EISENHOWER CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>HOFFMAN ESTATES IL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2002 840 299 6400  
 Date Daytime Phone #

UBR 14

CR2E034 (9/01)