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40992

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing Office filing pursuant to the Uniform Commercial Code.	r for
Return copy or recorded original to:		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
TENTONIO CIATRE AT CITO	~****		
VENDOR CAPITAL GROUP 4191 FAYEITEVILLE ROAD		on on	
RALEIGH, NC 27603			が記述
		<u>@</u>	60 开 66 号
			OF RE
Pre-paid Acct. #			五出灣
	(Last Name First if a Pers)		
BIRMINGHAM HOSPIT	יאר דדע ממפטים איינ זאי	, Q	画は
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GULF BREEZE, FLORIDA 32561		يد ا	4 CH CH
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Social Security / Tax ID #	NY) (Last Name First if a Perso	on\	
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Social Security/Tax ID #	······································	FILED WITH:	
☐ Additional debtors on attached UCC-E			
3. NAME AND ADDRESS OF SECURED PARTY)	(Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (La	st Name First if a Person)
VENDOR CAPITAL GROUP			
4191 FAYETTEVILLE R	CAD		
RALEIGH, NC 27603			
Social Security/Tax ID #			
	· · · · · · · · · · · · · · · · · · ·		
Additional secured parties on attached UCC-E The Financing Statement Covers the Following To			
2-TELEVISIONS, 10-FULL	XL MATTRESS/BOX SPRING	GS, 2-QUEEN MATTRESS/BOX SPRING.	
10-KING MATTRESS/BOX	SPRING, 150-GE AC KNOBS	S, MODEL WJ12X170, 3-GE AC BRACKET,	
		DEL WP71X25, 2-ARTWORK FOR BREAKFAST	
•	•	, 2-WINDOW TREATMENT, (1)-FURNITURE 5A. Ent Bac	er Code(s) From
		SO_DADED CHICTOM PACE DI ATE COEAM Bes	k of Form That t Describes The
		l in Sch 004 of Master Lease # 1362-000 whether now By	lateral Covered This Filing:
existing or hereafter acquired	i, on or removed from Debtor's	premises. This equipment —	-
installed in: HOLIDAY INN	EXPRESS, 4627 HWY 280, B	IRMINGHAM, AL 35243	
			
			-
			— — — — —
Check X if covered: Products of Collateral are This statement is filed without the debtor's signature		——————————————————————————————————————	
6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so) already subject to a security interest in another jurisdiction when it was brought into this state.		7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$	
Biready subject to a security interest in another juri	isdiction when it was brought into this state. isdiction when debtor's location changed	Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$	
which is proceeds of the original collateral describ		8. This financing statement covers timber to be cut, crops, or fixtures indexed in the real estate mortgage records (Describe real estate and an interest of record give name of record to the conduction of the	and is to be cross
perfected. acquired after a change of name, identity or corpor		an interest of record, give name of record (beaching real estate and	if debtor does not have
as to which the filing has lapsed.		Signature(s) of Secured Party(ies) (Required only if filed without debtor's Signature — sec	Rov 6)
BIRMINGHAM HOSPIT	ALITY CORPORATION		- DV A 0)
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies) or Assignee	
Signature(s) of Debtor(s	Treen 1	Signature(s) of Secured Party(les) or Assignee	
<i>U</i>		Signature(s) of Secured Party(ies) or Assignee	
Type Name of Individual or Business		Type Name of Individual or Business	<u> </u>
FILING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY - NUMERICAL (4) FILING	IG OFFICER COPY-ACKNOWLEDGEMENT	STANDARD FORM — UNIFORM COMMER	