

**2000 UNIFORM BUSINESS REPORT (UBR)**

6/12/00-90041-028-\$150.00-\$150.00

DOCUMENT # 499 00000 4016

1. Entity Name  
INTOWN SUITES BEACH BLVD, INC

Principal Place of Business  
11451 BEACH BLVD JACKSONVILLE, FL 32246

Mailing Address  
2108 PIEDMONT ATLANTA, GA 30324

2. Principal Place of Business  
State, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
J82486131

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

6. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33334

7. Name and Address of New Registered Agent

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.

FILED  
00 JUN 22 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**00063585**

DO NOT WRITE IN THIS SPACE

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

NOTE: Registered Agent Signature required when reinstating

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

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>PRESIDENT</u>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>DAVID M. VICKERS</u>		NAME	
STREET ADDRESS <u>2108 PIEDMONT ROAD</u>		STREET ADDRESS	
CITY-STATE-ZIP <u>ATLANTA, GA 30324</u>		CITY-STATE-ZIP	
TITLE <u>VICE PRESIDENT</u>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>CHELY K. VICKERS</u>		NAME	
STREET ADDRESS <u>2108 PIEDMONT ROAD</u>		STREET ADDRESS	
CITY-STATE-ZIP <u>ATLANTA, GA 30324</u>		CITY-STATE-ZIP	
TITLE <u>CEO</u>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <u>BILL R. BEWLER</u>		NAME	
STREET ADDRESS <u>2108 PIEDMONT ROAD</u>		STREET ADDRESS	
CITY-STATE-ZIP <u>ATLANTA, GA 30324</u>		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

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, trustee or 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] FO Date: 6/22/00 Daytime Phone: 904-875-7910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

TS