

2000 UNIFORM BUSINESS REPORT (UBR)

6/12/00-90041-027-\$150.00-\$150.00

DOCUMENT # *P93000020412*

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

INTOWN SUITES ORLANDO, INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

7100 J. ORANGE BOSSON
Suite, Apt. #, etc.

3. Mailing Address

2102 ALDAMONT
Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip Country

32809

City & State

ATLANTA, GA.

Zip Country

30324

4. FEI Number

58-3304558

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RONALD A. CARMUR
5808 N.W. 43RD STREET
GAINESVILLE, GA. 32655

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.

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
<i>PRESIDENT</i>	<i>DAVID M. VICKERS</i>	<i>2102 ALDAMONT ROAD</i>	<i>ATLANTA, GA. 30324</i>	<input type="checkbox"/>
<i>VICE PRESIDENT</i>	<i>CNEAL VICKERS</i>	<i>2102 ALDAMONT ROAD</i>	<i>ATLANTA, GA. 30324</i>	<input type="checkbox"/>
<i>CEO</i>	<i>BILL E. BOWER</i>	<i>2102 ALDAMONT ROAD</i>	<i>ATLANTA, GA. 30324</i>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bill Bower CEO

6/22/00

Date

Daytime Phone

904-875-7910

CR2E034 (9/99)

TS