

2000 UNIFORM BUSINESS REPORT (UBR)

0010748

DOCUMENT # F95000001936

1. Entity Name

WINSTON HOTELS, INC.

Principal Place of Business

Mailing Address

2209 CENTURY DR.
RALEIGH NC 27612

2209 CENTURY DR.
RALEIGH NC 27612-3941

FILED

00 FEB -8 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2626 Glenwood Ave.

3. Mailing Address

2626 Glenwood Ave.

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Raleigh, NC

City & State

Raleigh, NC

Zip

27608

Country

USA

Zip

27608

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

56-1624289

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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, 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	COB	<input type="checkbox"/> Delete
NAME	WINSTON, CHARLES M	
STREET ADDRESS	2209 CENTURY DRIVE	
CITY-ST-ZIP	RALEIGH NC 27612	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINSTON, ROBERT W III	
STREET ADDRESS	2209 CENTURY DRIVE	
CITY-ST-ZIP	RALEIGH NC 27612	
TITLE	PCFT	<input type="checkbox"/> Delete
NAME	ROSENBERG, JAMES	
STREET ADDRESS	2209 CENTURY DRIVE	
CITY-ST-ZIP	RALEIGH NC 27612	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINSTON, JAMES H	
STREET ADDRESS	2209 CENTURY DRIVE, STE. 300	
CITY-ST-ZIP	RALEIGH NC 27612	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARDEN, THOMAS F	
STREET ADDRESS	702 OBERLIN ROAD, #150	
CITY-ST-ZIP	RALEIGH NC 27605	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORDEN, EDWIN	
STREET ADDRESS	234 RIDGEWOOD DR.	
CITY-ST-ZIP	GOLDSBORO NC 27530	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2626 Glenwood Ave., Suite 200	
CITY-ST-ZIP	Raleigh, NC 27608	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2626 Glenwood Ave., Suite 200	
CITY-ST-ZIP	Raleigh, NC 27608	
TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2626 Glenwood Ave., Suite 200	
CITY-ST-ZIP	Raleigh, NC 27608	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4825 Ortega Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000002130170--8	
CITY-ST-ZIP	-02/09/00--01106--001	
	****826.25 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D Rosenberg

1-24-00

Date

919-510-6010

Daytime Phone #

CR2E034 (9/99)