

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002155

1. Entity Name

BAC HOTEL MANAGEMENT, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90005 027 ***150.00

00000142



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4243 DUNWOODY CLUB DR. SUITE 200 ATLANTA GA 30350-5206	Mailing Address 4243 DUNWOODY CLUB DR. SUITE 200 ATLANTA GA 30328-6028
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2. Principal Place of Business 7000 Central Pkway, NE Suite, Apt. #, etc. Suite 850	3. Mailing Address 7000 Central Pkway, NE Suite, Apt. #, etc. Suite 850
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City & State Atlanta, GA	City & State Atlanta, GA
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Zip 30328	Country USA	Zip 30328	Country USA
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4. FEI Number 58-2023734	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD COLLINS, DOUGLAS C 4243 DUNWOODY CLUB, DR., SUITE 200 ATLANTA GA 30350	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEE, ROBERT B 4242 DUNWOODY CLUB DRIVE., SUITE 200 ATLANTA GA 30350	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Collins, Douglas C. 7000 Central Pkway, NE, Suite 850 Atlanta, GA 30328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Lee, Robert B. 7000 Central Pkway, NE, Suite 850 Atlanta, GA 30328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Douglas C. Collins 2/8/2000 770-393-2662

CR2E034 (9/99)