

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004772

1. Entity Name

INTEGRITY HOTELS, INC.

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90091 008 ***150.00

Principal Place of Business

Mailing Address

115 PERIMETER CENTER PL. SUITE 1010
ATLANTA GA 30346

115 PERIMETER CENTER PL. SUITE 1010
ATLANTA GA 30346-1245

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 630

Suite, Apt. #, etc.

SUITE 630

City & State

SAME

City & State

SAME

Zip

Country

Zip

Country

4. FEI Number

58-2243559

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPARKMAN, STEVEN L
777 S. HARBOUR ISLAND BLVD
TAMPA FL 33602-5799

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 CPT ☐ Delete
NAME NIEMANN, KEN
STREET ADDRESS 2817 NE 25TH CT
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VCS ☐ Delete
NAME NIEMANN, JOYCE
STREET ADDRESS 2817 NE 25TH CT
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

STEVEN L. SPARKMAN
KEN NIEMANN

Date

Daytime Phone #