

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005259

1. Entity Name

JAMESON INNS, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90008 012 ***550.00

Principal Place of Business

8 PERIMETER CENTER EAST, STE. 8050
ATLANTA GA 30346-1603

Mailing Address

8 PERIMETER CENTER EAST, STE. 8050
ATLANTA GA 30346-1603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2079583

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DCP
NAME KITCHIN, THOMAS W
STREET ADDRESS 8 PERIMETER CENTER EAST, STE. 8050
CITY-ST-ZIP ATLANTA GA 30346-1603 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME HISRICH, ROBERT D
STREET ADDRESS 135 TEABERRY CIRCLE
CITY-ST-ZIP SOUTH RUSSELL OH 44027-4190 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS
NAME CURLEE, STEVEN A
STREET ADDRESS 8 PERIMETER CENTER EAST, SUITE 8050
CITY-ST-ZIP ATLANTA GA 30346-1603 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LAWRENCE, MICHAEL E
STREET ADDRESS 46 BAYNERD PARK RD.
CITY-ST-ZIP HILTON HEAD SC 29928 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CFO
NAME KITCHIN, CRAIG R
STREET ADDRESS 8 PERIMETER CENTER EAST, STE. 8050
CITY-ST-ZIP ATLANTA GA 30346-1603 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME WALKER, WILLIAM D
STREET ADDRESS 8 PERIMETER CENTER EAST, STE. 8050
CITY-ST-ZIP ATLANTA GA 30346-1603 ☐ Delete

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)(l), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00
Date

Daytime Phone #

CR2E034 (5/00)