

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90019 008 \*\*\*150.00

**DOCUMENT # F97000005498**

1. Entity Name

**SERVICO JAMESTOWN, INC.**

Principal Place of Business

**3445 PEACHTREE RD. NE., STE 700  
 ATLANTA GA 30326**

Mailing Address

**3445 PEACHTREE RD. NE., STE 700  
 ATLANTA GA 30326**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**58-2348783**

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

**CT 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 \$150.00  
 After May 1, 2002 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  
**P- GUNTIERREZ, KARYN M**  
**3445 PEACHTREE RD. NE, SUITE 700**  
**ATLANTA GA 30326**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**President/Treasurer**  
**Amaral, Michael W.**  
**3445 Peachtree Road, NE., Ste. 700**  
**Atlanta, Georgia 30326**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S GRYBOSKI, THOMAS S**  
**3445 PEACHTREE RD. NE., STE 700**  
**ATLANTA GA 30326**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VP/Secretary**  
**Ellis, Daniel E.**  
**3445 Peachtree Road, NE., Ste. 700**  
**Atlanta, Georgia 30326**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
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☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ 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: *Don E. Ellis*

**REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 25 2002

Date

Daytime Phone #

404-364-9400

CR2E034 (9/01)