

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006127

1. Entity Name
CRESTWOOD SUITES, INC. THREE

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90049 043 ***150.00

Principal Place of Business Mailing Address
168 N. JOHNSTON STREET 168 N. JOHNSTON STREET
SUITE 100 SUITE 100
DALLAS GA 30132 DALLAS GA 30132

2. Principal Place of Business 3. Mailing Address
8010 Presidents Dr. Suite, Apt. #, etc.

City & State City & State
Orlando, FL Zip Country
32809 USA

4. FEI Number 58-2327421 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
KEATING, JOHN K Name
749 NORTH GARLAND AVE Street Address (P.O. Box Number is Not Acceptable)
SUITE 101
ORLANDO FL 32801 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, 2001 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURSON, KENNETH L		NAME		
STREET ADDRESS	RT 1 BOX 1570		STREET ADDRESS		
CITY-ST-ZIP	CLARKSVILLE GA 30523		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMPSON, STEVE		NAME		
STREET ADDRESS	168 N. JOHNSTON ST., SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	DALLAS GA 30132		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIMPSON, MARY J		NAME		
STREET ADDRESS	168 N. JOHNSTON ST., SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	DALLAS GA 30132		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Mary J. Simpson, Inc. 4/25/01 (770)445-0071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)