

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90106 002 \*\*\*150.00

**DOCUMENT # F98000002899**

1. Entity Name  
**TOWN PARK HOTEL CORPORATION**

Principal Place of Business: **RAVINIA DRIVE SUITE 2900 ATLANTA GA 30346**  
 Mailing Address: **THREE RAVINIA DRIVE SUITE 2900 ATLANTA GA 30346-2143**

017199



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip: **30346-2149**  
 3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip: **30346-2149**

4. FEI Number: **62-0616701**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (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	PD	<input type="checkbox"/> Delete
NAME	ARASI, THOMAS	
STREET ADDRESS	THREE RAVINIA DRIVE SUITE 2900	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BLANKENSHIP, TERESA	
STREET ADDRESS	THREE RAVINIA DRIVE SUITE 2900	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRETTSCHNEIDER, THOMAS H	
STREET ADDRESS	THREE RAVINIA DRIVE SUITE 2900	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CHITTY, ROBERT J	
STREET ADDRESS	THREE RAVINIA DRIVE SUITE 2900	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CORR, MICHAEL	
STREET ADDRESS	THREE RAVINIA DRIVE SUITE 2900	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KACENA, JAMES L	
STREET ADDRESS	THREE RAVINIA DRIVE SUITE 2900	
CITY-ST-ZIP	ATLANTA GA 30346-2149	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORR, MICHAEL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Teresa Blankenship **TERESA BLANKENSHIP** 2/21/00 **(770) 604-2009**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)