

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90019 036 ****61.25

DOCUMENT # N99000000691

1. Entity Name

ASHFORD HEALTHCARE SYSTEMS, INC.

Principal Place of Business

**400 PERIMETER CENTER TERR., STE. 650
 ATLANTA GA 30346**

Mailing Address

**400 PERIMETER CENTER TERR., STE. 650
 ATLANTA GA 30346**

2. Principal Place of Business

**23186 BLUE STAR HWY
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 1589
 Suite, Apt. #, etc.**

Quincy FL

Quincy FL

32352

Quincy FL

32353

Quincy FL

4. FEI Number

58-2460572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MEROS, GEORGE N JR
 301 S. BRONOUGH ST., STE. 600
 TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	EATON, J. STEPHEN	
STREET ADDRESS	400 PERIMETER CENTER TERR STE 650	
CITY-ST-ZIP	ATLANTA GA 30346-1266	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	FOSHA, KENT C SR	
STREET ADDRESS	400 PERIMETER CENTER TERR., STE. 650	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	DST	<input type="checkbox"/> Delete
NAME	LAKE, MICHAEL C	
STREET ADDRESS	400 PERIMETER CENTER TERR., STE. 650	
CITY-ST-ZIP	ATLANTA GA 30346	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	GRISWOLD, DARYL R	
STREET ADDRESS	400 PERIMETER CENTER TERR SUITE 650	
CITY-ST-ZIP	ATLANTA GA 30346-1266	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Pickren	
STREET ADDRESS	23186 BLUE STAR HWY	
CITY-ST-ZIP	QUINCY FL 32352	
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD BRADFORD	
STREET ADDRESS	23186 BLUE STAR HWY	
CITY-ST-ZIP	QUINCY FL 32352	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL C. LAKE	
STREET ADDRESS	23186 BLUE STAR HWY	
CITY-ST-ZIP	QUINCY FL 32352	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL D. WALSH	
STREET ADDRESS	23186 BLUE STAR HWY	
CITY-ST-ZIP	QUINCY, FL 32352	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

SIGNATURE OF MICHAEL C. LAKE DP

07/16/01 850-875-1100

CR2E037 (5/01)