

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09705

1. Entity Name

RIDGEWOOD HOTELS, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90717 001 \*\*\*600.00

Principal Place of Business

Mailing Address

2859 PACES FERRY RD. STE 700  
ATLANTA GA 30339

2859 PACES FERRY RD. STE 700  
ATLANTA GA 30339-6203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1656330

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

CT CORPORATION SYSTEM  
1200 S. 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME WALDEN, N. RUSSELL  
STREET ADDRESS 2859 PACES FERRY RD 700  
CITY-ST-ZIP ATLANTA GA

TITLE D ☒ Change ☐ Addition  
NAME Dr. Donald Panoz  
STREET ADDRESS 2859 Paces Ferry Rd Suite 700  
CITY-ST-ZIP Atlanta GA 30339

TITLE V ☐ Delete  
NAME COOPER, BYRON T.  
STREET ADDRESS 2859 PACES FERRY RD 700  
CITY-ST-ZIP ATLANTA GA

TITLE Director, CEO ☐ Change ☒ Addition  
NAME Dr. Donald Panoz  
STREET ADDRESS 2859 Paces Ferry Rd Suite 700  
CITY-ST-ZIP Atlanta GA 30339

TITLE SVT ☐ Delete  
NAME HUGHES, KAREN S.  
STREET ADDRESS 2859 PACES FERRY RD 700  
CITY-ST-ZIP ATLANTA GA

TITLE Director, President ☐ Change ☒ Addition  
NAME Hank Evers  
STREET ADDRESS 2859 Paces Ferry Rd Suite 700  
CITY-ST-ZIP Atlanta GA 30339

TITLE D ☐ Delete  
NAME EARLEY, MICHAEL M  
STREET ADDRESS 550 WEST C STREET / 18TH FLOOR  
CITY-ST-ZIP SAN DIEGO CA

TITLE Secretary, Director ☐ Change ☒ Addition  
NAME Sheldon Misher  
STREET ADDRESS 2859 Paces Ferry Rd Suite 700  
CITY-ST-ZIP Atlanta GA 30339

TITLE D ☐ Delete  
NAME HENDERSON, LUTHER A.  
STREET ADDRESS 5608 MALVEY AVE, SUITE 104-A  
CITY-ST-ZIP FORT WORTH TX

TITLE D ☐ Change ☒ Addition  
NAME Mrs Nancy Panoz  
STREET ADDRESS 2859 Paces Ferry Rd Suite 700  
CITY-ST-ZIP Atlanta GA 30339

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR05024 10/00