

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12605

1. Entity Name

SERVICE PROPERTIES 2000, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90129 043 \*\*\*150.00

Principal Place of Business

3930 FULTON DRIVE, N.W.  
CANTON OH 44718

Mailing Address

3930 FULTON DRIVE, N.W.  
CANTON OH 44718

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **34-1453083**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARRISH, JON D  
PARRISH & MOORE PA  
2171 PINE RIDGE RD  
NAPLES FL 34109

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

TITLE **S** ☐ Delete  
NAME **THOMAS, GREGORY**  
STREET ADDRESS **3930 FULTON DRIVE NW**  
CITY-ST-ZIP **CANTON OH**

TITLE **TPD** ☒ Delete  
NAME **THOMAS, J. LOUIS**  
STREET ADDRESS **3930 FULTON DR., NW**  
CITY-ST-ZIP **CANTON OH**

TITLE **D** ☐ Delete  
NAME **THOMAS, JOSEPH**  
STREET ADDRESS **3930 FULTON DR., NW**  
CITY-ST-ZIP **CANTON OH**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE **TP** ☒ Change ☐ Addition  
NAME **THOMAS, GREGORY**  
STREET ADDRESS **3930 FULTON DRIVE NW**  
CITY-ST-ZIP **CANTON, OH**

TITLE **S** ☐ Change ☒ Addition  
NAME **THOMAS, DAVID**  
STREET ADDRESS **3930 FULTON DRIVE NW**  
CITY-ST-ZIP **CANTON, OH**

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

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

TITLE ☐ Change ☐ Addition  
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

*Gregory Thomas*  
President

Date

4/19/01

Daytime Phone #

330.492.8600

CR2E034 (10/00)