

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90140 019 \*\*\*150.00

**DOCUMENT # P32558**

1. Entity Name  
**GRACE HOTEL SERVICES CORPORATION**



Principal Place of Business  
**7500 GRACE DR  
COLUMBIA MD 21044**

Mailing Address  
**7500 GRACE DR  
COLUMBIA MD 21044**

2. Principal Place of Business

3. Mailing Address  
**c/o Mollie K. Sprinkle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**7500 Grace Drive**

City & State

City & State  
**Columbia, MD**

4. FEI Number **13-3584911**

Applied For  
Not Applicable

Zip

Country

Zip  
**21044**

Country  
**USA**

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
W. BRIAN MCGOWAN  
7500 GRACE DRIVE,  
COLUMBIA MD 21044** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
Paul J. Norris  
7500 Grace Drive  
Columbia, Maryland 21044** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPVT  
TAROLA, ROBERT M  
7500 GRACE DR  
COLUMBIA MD 21044** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AT  
Elyse Napoli Filon  
5400 Broken Sound Blvd., Ste 300  
Boca Raton, FL 33487** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SHELNITZ, MARK A  
7500 GRACE DR  
COLUMBIA MD 21044** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AT  
Martin Hunter  
7500 Grace Drive  
Columbia, Maryland 21044** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPAS  
SIEGEL, DAVID B  
7500 GRACE DR.  
COLUMBIA MD 21044** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AT  
David Nakashige  
5400 Broken Sound Blvd., Ste 300  
Boca Raton, FL 33487** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

**SIGNATURE: *Mark A. Shelnitz***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mark A. Shelnitz (410) 531-4212**

Date Daytime Phone #

CR2E034 (10/02)