2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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DOCU 1. Entity Nan	MENT # P930000	52738						
SERVICO FORT WAYNE, INC.					FILED			
Principal Place of Business Mailing Address			·	00 JAN 21 PM 1: 41				
		3445 PEACHTREE RD. NE			SECRETARY OF STATE			
		SUITE 700 ATLANTA GA 30326-3239		1	TALLAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	IIS SPACE		
City & State		City & State		4.	FEI Number 65-0432693	<u> </u>	pplied For	
Zip	Country	Zip	Zip Country		Certificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		7.	Name and Address of New Register			
			Name					
120	CORPORATION SYSTEM SOUTH PINE ISLAND ROAD		Street A	Street Address (P.O. Box Number is Not Acceptable)				
PLAN	ITATION FL 33324		City			Zip Code		
	named entity submits this statement for					Zip Code		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	agistered Agent signa	ure required when	reinstating) DAT	E		
Tax filing r	oration is eligible to satisfy its intangible equirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		550.00	Election Campaign Financing Trust Fund Contribution.		IO May Be d to Fees	
11.	OFFICERS AND I		12.	Al	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Flanders, Robert 3445 Peachtree Rd. Ne	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	☐ Addition	
TITLE	ATLANTA GA 30326 VST	Æ -Delete	TITLE	Secretary	<u> </u>	Æ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	RAFUSE, MARK 3445 PEACHTREE RD. NE ATLANTA GA 30326	P Delete	NAME STREET ADDRESS CITY-ST-ZIP	Thomas S 3445 Pea	S. Gryboski chtree Road, NE #700 3A 30326	<u>⊅</u> ≊ Unange	Addidon ر	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated	erify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my s	ilonature shall n	ave the same.	legal effect as if made under path: that	l Lam an officer i	or director 1	