

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000066427 (3)

1. Corporation Name

SERVICO CHARLOTTESVILLE, INC.



Principal Place of Business

1601 BELVEDERE RD.  
WEST PALM BEACH FL 33406

Mailing Address

1601 BELVEDERE RD.  
WEST PALM BEACH FL 33406

3. Date incorporated or Qualified  
09/09/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0525722

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WEISSLER, ROBERT I  
150 WEST FLAGLER ST.  
2200 MUSEUM TOWER  
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

JOAN PALMARIELLO

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

1601 BELVEDERE RD., #501S

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33406

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent Signature required when re-registering)

JOAN PALMARIELLO, ASST. SECRETARY

4/15/96

DATE

12. OFFICERS AND DIRECTORS

TITLE

CEO

☒ DELETE

NAME

HAWTHORNE, DAVID E

STREET ADDRESS

1601 BELVEDERE RD.

CITY - ST - ZIP

WEST PALM BEACH FL 33406

TITLE

PCFO

☐ DELETE

NAME

BUDEMMEYER, DAVID

STREET ADDRESS

1601 BELVEDERE RD.

CITY - ST - ZIP

WEST PALM BEACH FL 33406

TITLE

VCFO

☐ DELETE

NAME

KNIGHT, WARREN

STREET ADDRESS

1601 BELVEDERE RD.

CITY - ST - ZIP

WEST PALM BEACH FL 33406

TITLE

SVP

☐ DELETE

NAME

RUFFIN, ROBERT

STREET ADDRESS

1601 BELVEDERE RD.

CITY - ST - ZIP

WEST PALM BEACH FL 33406

TITLE

SVP

☐ DELETE

NAME

MCCAULEY, RONALD E

STREET ADDRESS

1601 BELVEDERE RD.

CITY - ST - ZIP

WEST PALM BEACH FL 33406

TITLE

TAS

☐ DELETE

NAME

HALE, PHILLIP

STREET ADDRESS

1601 BELVEDERE RD

CITY - ST - ZIP

WEST PALM BEACH FL 33406

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

P/CEO

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

600001783576  
-04/17/96--01027--022  
\*\*\*2200.00

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

V/S

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

4-17-96  
JR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on any attachment with an address

SIGNATURE:

*Phillip Hale*

PHILLIP HALE, TREASURER

4/15/96

407-689-9970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)