2000 UNIFORM BUSINESS REPORT (UBR) 6/12/00-90041-030-\$150.00-\$150.00 N96000062516 DOCUMENT# FILED INTOWN JUIRS OLLAUDO NOLA 00 JUN 22 AMII: 21 SERRE WRY OF STATE Principal Place of Business Mailing Address 2102 PHOMUTES 236 LEE ROAD TACCARASSEE, FLORIDA AMAUM, GA. 30324 OCAMUDO, Fx 32610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State Not Applicable J8-2252826 Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARCISM, JNACON D 5608 NW 434D STREET Street Address (P.O. Box Number is Not Acceptable) PAINE SUILLE, Pr. 32653 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1 2000 Fee will be \$550.00 Make Check Payable to Department of State Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. (66/6)MESSIONNE TITLE Change ☐ Addition DILE ☐ Delete DADID M. VICKERS NAME NAME PLEDMOUT AVENUE CR2E034 STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY-ST-ZIP RAUM BA. 30324 ☐ Addition TITLE ☐ Defete TITLE ☐ Change NAME NAME buckers STREET ADORESS STREET ADDRESS LED MOUT FO CITY-ST-ZIP CITY-ST-71P - Change ______ Addition ☐ Detete TITLE . TITLE NAME NAME STREET ADDRESS STREET ADDRESS ROND CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete πŒ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Change ☐ Addition Delete TΠLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 of 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 a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PFFICER OR DIRECTOR



Page rot 2 Attachment

2102 Piedmont Road Atlanta, Georgia 30324 (404) 875-7910 fax (404) 875-9544

June 26, 2000

Mr. Tyrone Stott Florida Department of State Annual Reports Section Division of Corporations P.O.6327 Tallahassee, Florida 32314

Re: Intown Suites Orlando North, Inc. - P96000062516

Dear Mr. Stott:

Enclosed is a copy of the annual report for the above referenced company. As Ms. Taylor told you this morning, we did not receive this report and requested a blank form on May 2 and May 17, 2000. The report was mailed on May 22, 2000 and was returned for an incorrect address early in June. We immediately returned the report to the correct address via UPS Priority Service. Enclosed with the report and our check was a letter requesting an abatement of the penalty for late filing; we are again requesting that the penalty be waived.

If you need additional information, please let us know. Thank you for your consideration.

Sincerely,

Bill R. Brewer

Chief Financial Officer