

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90313 008 ***150.00

0625544 AT

DOCUMENT # P96000062516

1. Entity Name

INTOWN SUITES ORLANDO NORTH, INC.



Principal Place of Business

**300 GALLERIA PARKWAY
STE. 1200
ATLANTA GA 30339
US**

Mailing Address

**2102 PIEDMONT RD.
ATLANTA GA 30324**

2. Principal Place of Business

736 LEE RD.

3. Mailing Address

300 GALLERIA PKWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1200

City & State

ORLANDO, FL

City & State

ATLANTA, GA

Zip

32810

Country

Zip

30339

Country

4. FEI Number

58-2252826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	VICKERS, DAVID M	
STREET ADDRESS	2102 PIEDMONT ROAD	
CITY-ST-ZIP	ATLANTA GA 30324	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VICKERS, CHERYL	
STREET ADDRESS	2102 PIEDMONT RD	
CITY-ST-ZIP	ATLANTA GA 30324	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	BREWER, BILL R	
STREET ADDRESS	2102 PIEDMONT RD	
CITY-ST-ZIP	ATLANTA GA 30324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 GALLERIA PARKWAY SUITE 1200	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 GALLERIA PARKWAY SUITE 1200	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 GALLERIA PARKWAY SUITE 1200	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-03

770-799-5000

Date

Daytime Phone #

CR2E034 (10/02)