

2000 UNIFORM BUSINESS REPORT (UBR)

03332

DOCUMENT # P97000028456

1. Entity Name

TALLAHASSEE HOTEL, INC.

FILED

00 MAY -2 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O MARVIN S. ROSEN
222 LAKEVIEW AVENUE #800
WEST PALM BEACH FL 33401

C/O MARVIN S. ROSEN
222 LAKEVIEW AVENUE #800
WEST PALM BEACH FL 33401-6148



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5775 PEACHTREE DUNWOODY RD.

5775 PEACHTREE DUNWOODY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 175-D

SUITE 175-D

City & State

City & State

ATLANTA, GA

ATLANTA, GA

Zip 30342

Country US

Zip 30342

Country US

4. FEI Number

59-3473024

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREENFIELD, GREGORY R	
STREET ADDRESS	5775 PEACHTREE DUNWOODY RD, STE 200-D	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BROWN, WILLIAM G	
STREET ADDRESS	5775 PEACHTREE DUNWOODY RD, STE 200-D	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ROSEN, MARVIN S	
STREET ADDRESS	222 LAKEVIEW AVENUE #800	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOGGIO, SCOTT M	
STREET ADDRESS	5775 PEACHTREE DUNWOODY RD, STE 200-D	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRAUSS, RICHARD K	
STREET ADDRESS	5775 PEACHTREE DUNWOODY RD, STE 200-D	
CITY-ST-ZIP	ATLANTA GA 30342	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500003248855--8	
STREET ADDRESS	-05/11/00--01088--014	
CITY-ST-ZIP	****150.00 ****150.00	
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		
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	TS	
STREET ADDRESS		
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 or 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 an address with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY R. GREENFIELD, PRESIDENT

Date

Daytime Phone #

5/1/00

(770) 225-3460

CR2E034 (9/99)