

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088193

1. Entity Name

SERVICO WINTER HAVEN, INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90226 045 ***150.00

Principal Place of Business

3445 PEACHTREE RD., N.E., STE 700
ATLANTA GA 30326

Mailing Address

3445 PEACHTREE RD., N.E., STE 700
ATLANTA GA 30326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0787913**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
SUITE 250
PLANTATION FL 33324

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, 2001 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 NAME ☒ Delete
P
FLANDERS, ROBERT
STREET ADDRESS
3445 PEACHTREE RD., N.E.
CITY-ST-ZIP ATLANTA GA 30326

TITLE NAME ☒ Change ☐ Addition
P
Karyn Marasco Gutierrez
STREET ADDRESS
3445 Peachtree Rd. NE, Suite 700
CITY-ST-ZIP Atlanta, GA 30326

TITLE NAME ☐ Delete
S
GRYBOSKI, THOMAS S
STREET ADDRESS
3445 PEACHTREE RD., N.E., STE 700
CITY-ST-ZIP ATLANTA GA 30326

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas S. Gryboski, Sec.
404-365-2787 1/31/01

Date

Daytime Phone #

CR2E034 (10/00)