

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90019 027 ***150.00

DOCUMENT # P97000088193

1. Entity Name
SERVICO WINTER HAVEN, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0787913**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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, 2002 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. ADDITIONAL OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **P** ☒ Delete
GUTIERREZ, KARYN M
 STREET ADDRESS **3445 PEACHTREE RD. NE, SUITE 700**
 CITY-ST-ZIP **ATLANTA GA 30326**

TITLE
 NAME **President/Treasurer** ☐ Change ☒ Addition
Amaral, Michael W.
 STREET ADDRESS **3445 Peachtree Road, NE., Ste. 700**
 CITY-ST-ZIP **Atlanta, Georgia 30326**

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

TITLE
 NAME **VP/Secretary** ☐ Change ☒ Addition
Ellis, Daniel E.
 STREET ADDRESS **3445 Peachtree Road, NE., Ste. 700**
 CITY-ST-ZIP **Atlanta, Georgia 30326**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
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TITLE
 NAME ☐ Change ☐ Addition
 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

APR 25 2002

404-364-9400

Date

Daytime Phone #

CR2E034 (9/01)