

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042379

1. Entity Name  
NORTHSTAR HOTELS, INC.

Principal Place of Business  
91 SAN JUAN DRIVE. #G3  
PONTE VEDRA BEACH FL 32082

Mailing Address  
91 SAN JUAN DRIVE. #G3  
PONTE VEDRA BEACH FL 32082

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

59-3573694

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ~~President~~ ☐ Delete  
NAME ~~BUSSEY C. BONNER JR~~  
STREET ADDRESS ~~91 SAN JUAN DR. #G-3~~  
CITY-ST-ZIP ~~PONTE VEDRA FL 32082~~

TITLE ~~President~~ ☐ Change ☐ Addition  
NAME ~~BUSSEY C. BONNER JR~~  
STREET ADDRESS ~~91 SAN JUAN DR. #G-3~~  
CITY-ST-ZIP ~~PONTE VEDRA FL 32082~~

TITLE ~~Vice President~~ ☐ Delete  
NAME ~~L. Barry Lebowitz~~  
STREET ADDRESS ~~996 Old Powers Ferry Rd.~~  
CITY-ST-ZIP ~~Atlanta, Ga. 30327~~

TITLE ~~Vice President~~ ☐ Change ☐ Addition  
NAME ~~L. Barry Lebowitz~~  
STREET ADDRESS ~~996 Old Powers Ferry Rd~~  
CITY-ST-ZIP ~~Atlanta, Ga. 30327~~

TITLE ~~Thomas Vance~~ ☐ Delete  
NAME ~~100 Wagon Yard Plaza~~  
STREET ADDRESS ~~Carrollton, Ga. 30117-7302~~

TITLE ~~Thomas Vance~~ ☐ Change ☐ Addition  
NAME ~~100 Wagon Yard Plaza~~  
STREET ADDRESS ~~Carrollton, Ga. 30117-7302~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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

Date

Daytime Phone #

FILED

Aug 17, 2000 8:00 am  
Secretary of State

08-17-2000 90107 016 \*\*\*550.00

00079885



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)