

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90083 040 \*\*\*150.00

**DOCUMENT # 856051**

1. Entity Name

**CONTINENTAL WINGATE COMPANY OF GEORGIA, INC.**

Principal Place of Business

Mailing Address

3833 PEACHTREE RD., N.E.  
 SUITE 1700  
 ATLANTA GA 30319-3372

3833 PEACHTREE RD., N.E.  
 SUITE 1700  
 ATLANTA GA 30319-5203



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

**04-2626467**

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

**LOCKARD, T. GENE**  
**% CYPRESS POINT APARTMENTS**  
**5119 E. FLETCHER AVE.**  
**TAMPA FL 33612**

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	SCHUSTER, GERALD	
STREET ADDRESS	132 YARMOUTH ROAD	
CITY-ST-ZIP	BROOKLINE MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	NAJARIAN, ROBERT J	
STREET ADDRESS	286 MAYFLOWER CIRCLE	
CITY-ST-ZIP	HANOVER MA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CALLAHAN, BRIAN E.	
STREET ADDRESS	15 HICKORY DRIVE	
CITY-ST-ZIP	MEDFIELD MA	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBERTS, JUNE E.	
STREET ADDRESS	60 RICHARDSON ROAD	
CITY-ST-ZIP	BELMONT MA 02178	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHUSTER, MARK	
STREET ADDRESS	63 KENDRICK ST	
CITY-ST-ZIP	NEEDHAM MA 02494	
TITLE		<input type="checkbox"/> Delete
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Brian Callahan*  
**Brian Callahan**

**4/21/00**

**781-707-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)