

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 13, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # F97000000530**

1. Entity Name  
**JDN DEVELOPMENT COMPANY, INC.**

Principal Place of Business 359 E. PACES FERRY RD SUITE 450 ATLANTA 30305	Mailing Address 359 E. PACES FERRY RD SUITE 450 ATLANTA 30305
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip	Country	Zip	Country
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4. FEI Number  
**58-2148124**

Applied For	Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**

**TALLAHASSEE FL**  
**323012525 US**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE **04/13/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	AS QUINLAN MICHAEL A
STREET ADDRESS	359 E. PACES FERRY RD
CITY-ST-ZIP	ATLANTA GA 30305
TITLE	<input type="checkbox"/> Delete
NAME	PD WILLIAMS W FJR
STREET ADDRESS	359 E. PACES FERRY RD
CITY-ST-ZIP	ATLANTA GA 30305
TITLE	<input type="checkbox"/> Delete
NAME	CFOV HARRIS JOHN DJR
STREET ADDRESS	359 E. PACES FERRY RD
CITY-ST-ZIP	ATLANTA GA 30305
TITLE	<input type="checkbox"/> Delete
NAME	AS SHUMAKER LAURIE-ELLEN
STREET ADDRESS	359 E. PACES FERRY RD
CITY-ST-ZIP	ATLANTA GA 30305
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUSCOTT MICHAEL J
STREET ADDRESS	359 E. PACES FERRY RD, #450
CITY-ST-ZIP	ATLANTA GA 30305
TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINLAN MICHAEL A
STREET ADDRESS	359 E. PACES FERRY RD, #450
CITY-ST-ZIP	ATLANTA GA 30305
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS W FJR
STREET ADDRESS	359 E. PACES FERRY RD, #450
CITY-ST-ZIP	ATLANTA GA 30305
TITLE	CFOV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS JOHN DJR
STREET ADDRESS	359 E. PACES FERRY RD, #450
CITY-ST-ZIP	ATLANTA GA 30305
TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMAKER LAURIE-ELLEN
STREET ADDRESS	359 E. PACES FERRY RD, #450
CITY-ST-ZIP	ATLANTA GA 30305
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: MICHAEL J. TRUSCOTT** AS 04/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)