## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 13, 2001 8:00 am Secretary of State DOCUMENT # **G15990** 1. Entity Name WATKINS ASSOCIATED REALTY, INC. 04-13-2001 90030 006 \*\*\*150.00 Principal Place of Business Mailing Address 1958 MONROE DR NE 1958 MONROE OR NE J40400 POB 1738 POB 1738 ATLANTA GA 30324 ATLANTA GA 30324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2251162 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change X Addition TITLE Delete PRESIDENT/DIRECTOR FREEMAN, WILLIAM A. NAME FREEMAN, LEE S. STREET ADDRESS 1958 MONROE DR, NE STREET ADDRESS 1946 MONROE DRIVE NE CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA ATLANTA, GA 30324-4887 TITLE ☐ Delete TITLE ☐ Change ■ Addition READY, GEORGE NAME NAME STREET ADDRESS 1958 MONROE DR. NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP atlanta ga DIRECTOR / VICE RPESIDENT TITLE Change Addition TITLE Delete NAME FREEMAN, W. NEAL STREET ADDRESS STREET ADDRESS 1946 NE MONROE DR :CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA Delete TITLE TITLE ☐ Change Addition NAME FREEMAN, LEE S. NAME STREET ADDRESS 1946 NE MONROE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP atlanta ga TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HERRING, W.T. STREET ADDRESS 1946 NE MONROE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA VICE PRESIDENT/DIRECTOR TITLE ☐ Delete TITLE X Addition ☐ Change NAME NAME WATKINS, MICHAEL L. STREET ADDRESS STREET ADDRESS 1958 MONROE DRIVE NE CITY-ST-ZIP <u>ATLANTA, GA 30324-4887</u> 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

SIGNATURE: GEORGE-W-READY-JR 4=9=01 404=87.2=3841\_

nt with an address, with all other like empowered.

changed, or on an attach