

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91337 042 ***150.00

DOCUMENT # **K 60186**

1. Entity Name

MERCHANTS CROSSING OF ENGLEWOOD, Inc.

Principal Place of Business

Mailing Address

1945

2. Principal Place of Business

3. Mailing Address

1945 THE EXCHANGE

1945 THE EXCHANGE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 400

SUITE 400

City & State

City & State

ATLANTA, GA

ATLANTA, GA

Zip

Country

Zip

Country

30339

USA

30339

USA

4. FEI Number

58-1849196

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 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, 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PRESIDENT/DIRECTOR
 MELINDA S. GARRETT
 1945 THE EXCHANGE STE 400
 ATLANTA, GA 30339**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP/TREASURER
 RICK PATERNOSTRO
 1945 THE EXCHANGE, STE 400
 ATLANTA, GA 30339**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DIRECTOR/VP
 ALAN R. ABRAMS
 1945 THE EXCHANGE, STE 400
 ATLANTA, GA 30339**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DIRECTOR
 J. ANDREW ABRAMS
 1945 THE EXCHANGE, STE 400
 ATLANTA, GA 30339**

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

Rick Paternostro, VP/Treasurer

Date

4/24/01

Daytime Phone #

770-453-1777

CR2E034 (11/00)