

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # M32364**

1. Entity Name

**COTTON STATES MARKETING RESOURCES, INC.**

Principal Place of Business

Mailing Address

**244 PERIMETER CENTER PARKWAY, N.E.  
ATLANTA GA 30346****244 PERIMETER CENTER PARKWAY, N.E.  
ATLANTA GA 30346-2302**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2681997**Applied For  
Not Applicable5. 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

**KINMAN JR., JOSEPH F.  
SHACLEFORD, FARRIOR, STALLINGS, & EVANS  
501 E. KENNEDY BLVD., #1400  
TAMPA FL 33602**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CPD	HOWARD, J. RIDLEY	1176 BROOKGATE WAY	ATLANTA GA	<input type="checkbox"/>
VPC	BARLOW, WILLIAM J.	610 RIDGEBROOK POINT	ROSWELL GA 30075	<input type="checkbox"/>
VP	CHAMBLEE, WENDY M.	3321 BIRCHWOOD TRACE	SNELLVILLE GA	<input type="checkbox"/>
S	SWINSON, CINDY M.	244 PERIMETER CENTER PKW	ATLANTA GA	<input checked="" type="checkbox"/>
DT	MEADER, GARY W.	244 PERIMETER CENTER PKW	ATLANTA GA	<input checked="" type="checkbox"/>
D	FINCHER, ROBERT L.	244 PERIMETER CENTER PKW	ATLANTA GA	<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
S	CHAMBLEE, WENDY M.	1438 CUSTIS COURT	ATLANTA, GA 30338	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90189 004 \*\*\*158.75

C0011847



DO NOT WRITE IN THIS SPACE