

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90090 029 *****50.00

DOCUMENT # M98000001610

1. Entity Name

PRIMARY CAPITAL ADVISORS LC

Principal Place of Business

**2060 MT. PARAN ROAD, SUITE 101
ATLANTA GA 30327**

Mailing Address

**2060 MT. PARAN ROAD, SUITE 101
ATLANTA GA 30327**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DEPARTMENT OF REVENUE



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2119340**

Applied For ☒
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, TODD
200 SOUTH ORANGE AVE., SUITE 1970
ORLANDO FL 32801**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **PENDLETON, WILLIAM B**
CITY-ST-ZIP **2060 MT. PARAN ROAD, SUITE 101
ATLANTA GA 30327**

TITLE ☐ Delete
NAME **MGR**
STREET ADDRESS **THOMPSON, FARON G**
CITY-ST-ZIP **2060 MT. PARAN ROAD, SUITE 101
ATLANTA GA 30327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/1/02

Date

404-240-9174

Daytime Phone #

003324