

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90076 018 \*\*\*150.00

**DOCUMENT # P25884**

1. Entity Name

APAC-GEORGIA, INC.

Principal Place of Business

900 ASHWOOD PKWY  
STE 700  
ATLANTA GA 30338  
US

Mailing Address

PO BOX 14000  
LEXINGTON KY 40512-4000  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1401468

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  
660 EAST JEFFERSON STREET  
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
S/T	ONUSCHAK, PETER W	3111 PORT COBB DRIVE	SMYRNA GA 30080	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VAS	WALES, T. CODY	1000 ASHLAND DRIVE	RUSSELL KY	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P/D	NICHOLS, FRANK D. J	1208 OXFORD RD	ATLANTA GA 30306	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPAS	PACE, RAY M	3499 DABNEY DRIVE	LEXINGTON KY 40509	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPAS	SAWRAN, WILLIAM R	3499 DABNEY DRIVE	LEXINGTON KY 40509	<input checked="" type="checkbox"/>	AS	Jones, Richard A.	3499 Dabney Drive	Lexington KY 40512	<input type="checkbox"/>	<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 #

2/10/00

(616) 357-7484

CR2E034 (9/99)