## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P97000093014 Apr 18, 2000 8:00 am Secretary of State EAST CAMELBACK ROAD, INC. 04-18-2000 90248 025 \*\*\*150.00 Principal Place of Business Mailing Address 1801 HERMITAGE BLVD. SUITE 600 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-7707 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. # etc. 4. FEI Number Applied For City & State City & State 52-2065342 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TODD, DAVID E Street Address (P.O. Box Number is Not Acceptable) 1801 HERMITAGE BLVD, SUITE 600 TALLAHASSEE FL 32308 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. X Addition Change TITLE X Delete TITLE SNEDEKER, PATRICIA C NAME Thomas A. McKean NAME 3424 PEACHTREE ROAD, N.E. #800 STREET ADDRESS STREET ADDRESS 3424 Peachtree Road, NE, #800 CITY-ST-ZIP CITY-ST-7IP ATLANTA GA 30326 <u>Atlanta, GA 30326</u> X Addition DVAS Change ☐ Delete TITLE TITLE DVAT HORTON, JAMES W NAME NAME Lynne Quick STREET ADDRESS 1801 HERMITAGE BLVD, SUITE 600 STREET ADDRESS 1801 Hermitage Blvd., #600 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Tallahassee, FL 32308 ☐ Change X Addition X Delete TITLE NAME SMITH, JEFFREY L NAME Renee Bergeron STREET ADDRESS 1801 HERMITAGE BLVD, SUITE 600 STREET ADDRESS 3424 Peachtree Road, NE, #800 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Atlanta, GA 30326 ☐ Change X Addition ☐ Delete TITLE LALER C DECOSTA NAME NAME Mike Krier 3424 PEACHTREE RD NE #800 STREET ADDRESS STREET ADDRESS 3424 Peachtree Road, NE, #800 CITY-ST-ZIP CITY-ST-ZIE ATLANTA GA 30326 <u>Atlanta, GA 30326</u> X Addition TITLE Change X Delete TITLE CLAIRE D SNEDEKER NAME NAME Douglas W. Bennett 1801 Hermitage Blvd. Tallahassee, FL 3230 3424 PEACHTREE RD NE #800 STREET ADDRESS STREET ADDRESS #600 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30326 Tallahassee, Delete Change Addition TITLE TITLE ST. CLAIR. ANDREW NAME NAME STREET ADDRESS STREET ADDRESS 3424 PEACHTREE RD NE #800 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30326

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: 🙏 🚅

DOUB.

Douglas W. Bennett, Director

850/488-4406

Daytime Phone #

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