

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

0042618 AV

03-11-2002 90040 016 ***150.00

DOCUMENT # P97000093014
 1. Entity Name
EAST CAMELBACK ROAD, INC.

Principal Place of Business 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308	Mailing Address 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1801 Hermitage Blvd.	3. Mailing Address 1801 Hermitage Blvd.
Suite, Apt. #, etc. Suite 600	Suite, Apt. #, etc. Suite 600

City & State Tallahassee, FL	City & State Tallahassee, FL
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4. FEI Number 52-2065342	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip 32308	Country USA	Zip 32308	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD, SUITE 600
TALLAHASSEE FL 32308

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 _____ (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, 2002 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 S MCKEAN, THOMAS A	<input type="checkbox"/> Delete
STREET ADDRESS 3424 PEACHTREE ROAD, N.E. #800	
CITY-ST-ZIP ATLANTA GA 30326	
TITLE NAME DVAS HORTON, JAMES W	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1801 HERMITAGE BLVD, SUITE 600	
CITY-ST-ZIP TALLAHASSEE FL 32308	
TITLE NAME DVAT GRAY, LYNNE M	<input type="checkbox"/> Delete
STREET ADDRESS 1801 HERMITAGE BLVD, SUITE 600	
CITY-ST-ZIP TALLAHASSEE FL 32308	
TITLE NAME P LALER C DECASTA	<input type="checkbox"/> Delete
STREET ADDRESS 3424 PEACHTREE RD NE #800	
CITY-ST-ZIP ATLANTA GA 30326	
TITLE NAME VT BERGERON, RENEE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3424 PEACHTREE RD NE #800	
CITY-ST-ZIP ATLANTA GA 30326	
TITLE NAME D BENNETT, DOUGLAS W	<input type="checkbox"/> Delete
STREET ADDRESS 1801 HERMITAGE BLVD #600	
CITY-ST-ZIP TALLAHASSEE FL 32308	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME V WARRIOR, DEXTER B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3424 PEACHTREE RD., NE #800	
CITY-ST-ZIP ATLANTA GA 30326	
TITLE NAME DVAS SMITH, JEFFREY L.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600	
CITY-ST-ZIP TALLAHASSEE, FL 32308	
TITLE NAME VT TRIVERS, LISA K	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800	
CITY-ST-ZIP ATLANTA GA 30326	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Thomas A. McKean** 02-20-02 404-848-8600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)