

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093014

1. Entity Name  
EAST CAMELBACK ROAD, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 14 AM 11:21

Principal Place of Business  
1801 HERMITAGE BLVD  
SUITE 600  
TALLAHASSEE FL 32308

Mailing Address  
1801 HERMITAGE BLVD  
SUITE 600  
TALLAHASSEE FL 32308

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 52-2065342

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

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S  
NAME MCKEAN, THOMAS A  
STREET ADDRESS 3424 PEACHTREE ROAD, N.E. #800  
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

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

TITLE V  
NAME WARRIOR, DEXTER B  
STREET ADDRESS 3424 PEACHTREE RD., NE #800  
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

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

TITLE DVAT  
NAME GRAY, LYNNE M  
STREET ADDRESS 1801 HERMITAGE BLVD, SUITE 600  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

TITLE P  
NAME LALER C DE COSTA  
STREET ADDRESS 3424 PEACHTREE RD NE #800  
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

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

TITLE DVAS  
NAME SMITH, JEFFREY L  
STREET ADDRESS 1801 HERMITAGE BLVD, SUITE 600  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

TITLE D  
NAME BENNETT, DOUGLAS W  
STREET ADDRESS 1801 HERMITAGE BLVD #600  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

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

12. 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 10 or Block 11 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

Thomas A. McKean

01/29/03

404-848-8600

Date

Daytime Phone #

CR2E034 (10/02)