## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **P99000027985**

Entity Narte

Principal Place of Business		Mailing Address		
50i Hermitage BLVD 1975 100 Allahassee FL 32308		1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE FL 32308-7743		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip .	Country	Zip	Country	
		urrent Registered Agent		
			Name	
TODD, D	IAVID E		Stroot Ac	

FILED Apr 18, 2000 8:00 am Secretary of State

04-18-2000 90248 033 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

59-3566500 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City

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.

9.	This corporation is eligible to satisfy its Intangible
	Tax filing requirement and elects to do so.

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

1801 HERMITAGE BLVD

TALLAHASSEE FL 32308

SUITE 100

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be 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. X Addition ☐ Delete TITLE ☐ Change TITLE Laler C. DeCosta NAME BENNETT, DOUGLAS W NAME STREET ADDRESS STREET ADDRESS 1801 HERMITAGE BLVD STE 600 3424 Peachtree Road NE., #800 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Atlanta, GA 30326 K Addition **K** Delete ☐ Change TITLE SPOOK, STEVEN Renee Bergeron NAME NAME STREET ADDRESS 1801 HERMITAGE BLVD STE 600 STREET ADDRESS 3424 Peachtree Road NE., #800 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Atlanta, GA 30326\_ ☐ Change X Addition X Delete TITLE QUICK, LYNNE NAME Thomas A. McKean 1801 HERMITAGE BLVD STE 600 STREET ADDRESS STREET ADDRESS 3424 Peachtree Road NE, #800 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Atlan<u>ta, GA 30326</u> Change **X** Addition TITLE TITLE ☐ Delete DVAS NAME NAME James W. Horton STREET ADDRESS STREET ADDRESS 1801 Hermitage Blvd., #600 CITY-ST-ZIP CITY-ST-ZIP Tallahassee, FL 32308 ☐ Delete TITLE Change Addition TITLE DVAT NAME NAME Lynne Quick STREET ADDRESS STREET ADDRESS 1801 Hermitage Blvd., #600 CITY-ST-ZIP CITY-ST-ZIP Tallahassee, FL 32308 ☐ Change X Addition ☐ Delete TITLE TITLE NAME NAME Kathleen Burgi-Sandell STREET ADDRESS STREET ADDRESS 3424 Peachtree Road NE., #800 CITY-ST-7IP 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 50 andress, with all other like empowered.

AL STATE OF THE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas W. Bennett, Director

850/488-4406

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