

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-11-2002 90040 017 ***150.00

0042352 AV

DOCUMENT # P99000093176

1. Entity Name
FRANKLIN COURT, INC.

Principal Place of Business Mailing Address
1801 HERMITAGE BLVD..STE.600 1801 HERMITAGE BLVD..STE.600
TALLAHASSEE FL 32308 TALLAHASSEE FL 32308

2. Principal Place of Business 3. Mailing Address
1801 Hermitage Blvd. 1801 Hermitage Blvd.

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 600 Suite 600

City & State City & State
Tallahassee, FL Tallahassee, FL

Zip Country Zip Country
32308 USA 32308 USA

4. FEI Number **59-3601334** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD.,STE.100
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	DVAS HORTON, JAMES W 1801 HERMITAGE BLVD.,STE.600 TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, DOUGLAS W 1801 HERMITAGE BLVD.,STE.600 TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECOSTA, LALER 3424 PEACHTREE ROAD NE #600 ATLANTA GA 30326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCKINNEY, BRENDA 3424 PEACHTREE ROAD NE #600 ATLANTA GA 30326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCKEAN, THOMAS 3424 PEACHTREE ROAD NE #800 ATLANTA GA 30326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BERGERON, RENEE 3424 PEACHTREE ROAD NE #800 ATLANTA GA 30326	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS SMITH, JEFFREY L. 1801 HERMITAGE BLVD., STE. 600 TALLAHASSEE, FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARRIOR, DEXTER B 3424 PEACHTREE RD., NE, STE. 800 ATLANTA GA 30326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAT GRAY, LYNN M 1801 HERMITAGE BLVD., STE. 600 TALLAHASSEE FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TRIVERS, LISA K 3424 PEACHTREE RD., NE, STE. 800 ATLANTA GA 30326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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)