

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 820496

1. Entity Name

SELIG ENTERPRISES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90204 025 ****61.25

Principal Place of Business

1100 SPRING STREET N W
SUITE 550
ATLANTA GA 30309-2848

Mailing Address

1100 SPRING STREET N W
SUITE 550
ATLANTA GA 30309-2857

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

58-6016800

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

DRAGE, THOMAS E B ESQ
DRAGE DEBEAUBIEN KNIGHT SIMMONS ROMANO & N
332 NORTH MAGNOLIA AVE.
ORLANDO FL 32802

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SELIG, S. STEPHEN III	
STREET ADDRESS	1100 SPRINGS ST., SUITE 550	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	DAWKINS, WILLIAM J	
STREET ADDRESS	1100 SPRINGS ST., SUITE 550	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WITT, DAVID E	
STREET ADDRESS	1100 SPRINGS ST., SUITE 550	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIDDLE, ROBERT C	
STREET ADDRESS	1100 SPRINGS ST., SUITE 550	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	VT	<input type="checkbox"/> Delete
NAME	STEIN, RONALD J	
STREET ADDRESS	1100 SPRINGS ST., SUITE 550	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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 REQUIRED

4/27/00

(404) 876-5511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)