

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 820496

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** SELIG ENTERPRISES, INC.

**Current Principal Place of Business:**

1100 SPRING STREET N W  
SUITE 550  
ATLANTA, GA 303092848

**New Principal Place of Business:**

**Current Mailing Address:**

1100 SPRING STREET N W  
SUITE 550  
ATLANTA, GA 303092848

**New Mailing Address:**

**FEI Number:** 58-6016800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEBEAUBIEN, HUGO H ESQ  
332 N MAGNOLIA AVE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SELIG, S. STEPHEN III  
Address: 1100 SPRINGS ST., SUITE 550  
City-St-Zip: ATLANTA, GA 30309

Title: SVD  
Name: DAWKINS, WILLIAM J  
Address: 1100 SPRINGS ST., SUITE 550  
City-St-Zip: ATLANTA, GA 30309

Title: VD  
Name: RIDDLE, ROBERT C  
Address: 1100 SPRINGS ST., SUITE 550  
City-St-Zip: ATLANTA, GA 30309

Title: VT  
Name: STEIN, RONALD J  
Address: 1100 SPRINGS ST., SUITE 550  
City-St-Zip: ATLANTA, GA 30309

Title: V  
Name: CURRY, S. KEVIN  
Address: 1100 SPRING ST, SUITE 550  
City-St-Zip: ATLANTA, GA 30309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM J DAWKINS

MGR

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date