

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90136 007 ***150.00

DOCUMENT # 823795

1. Entity Name
ENTERPRISE FUND DISTRIBUTORS, INC.

RECEIVED
JAN -8 2002

Principal Place of Business
3343 PEACHTREE RD., N E
SUITE 450
ATLANTA GA 30326-1022
US

Mailing Address
3343 PEACHTREE-RD.-N-E
SUITE 450
ATLANTA GA 30326-1022
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-1990598

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVP MCCLELLAN, CATHERINE R. 1647 FRIAR TUCK ROAD ATLANTA GA 30309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC UGOLYN, VICTOR 17 CARDINAL COURT RIDGEFIELD CT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WILLIAMSON, HERBERT M. 500 STONEBROOK FARMS DRIVE ALPHARETTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHILT, JOHN A. JR 2250 PINE WARBLER COURT MARIETTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: _____

Catherine R. McClellan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02 *404-760-4003*

Date

Daytime Phone #

CR2E034 (9/01)



Attachment 824044

VIA CERTIFIED MAIL RETURN RECEIPT

February 7, 2002

Florida Department of State
Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Enterprise Fund Distributors, Inc.
UBR Document No. 823795

Dear Administrator:

Enclosed please find for filing, the following documents for the referenced firm:

1. Executed State of Florida Profit Corporation Annual Report 2002; and
2. The firm's check in the amount of \$150.00 to cover the cost of the required fee.

Should you have any questions or require additional information, please call me at 404.760.4041.

Sincerely,

A handwritten signature in black ink, appearing to read "Regina M. Scott".

Regina M. Scott
Corporate Paralegal

RMS:dds

Enclosures