

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827193

1. Entity Name

HOBBS GROUP, INC.

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90008 019 \*\*\*550.00

Principal Place of Business

4401 NORTHRIDE PKWY.  
STE 560  
ATLANTA GA 30327

Mailing Address

4401 NORTHRIDE PKWY.  
STE 560  
ATLANTA GA 30327

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

04-2191314

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 VS  
NAME MACGINNITIE, DOUGLAS J  
STREET ADDRESS 4401 NORTHSIDE PKWY STE 560  
CITY-ST-ZIP ATLANTA GA 30327 ☐ Delete

TITLE PD  
NAME GOLUB, THOMAS A  
STREET ADDRESS 741 BOSTON POST ROAD  
CITY-ST-ZIP GUILFORD CT ☐ Delete

TITLE V  
NAME DONOVAN, DANIEL J  
STREET ADDRESS 4401 NORTHSIDE PKWY STE 560  
CITY-ST-ZIP ATLANTA GA 30327 ☐ Delete

TITLE V  
NAME MCNULTY, EDWARD F  
STREET ADDRESS 4401 NORTHSIDE PKWY STE 560  
CITY-ST-ZIP ATLANTA GA 30327 ☐ Delete

TITLE V  
NAME CHADWICK, PATRICIA G  
STREET ADDRESS 4401 NORTHSIDE PKWY STE 560  
CITY-ST-ZIP ATLANTA GA 30327 ☐ Delete

TITLE V  
NAME LYONS, LAURAGENE  
STREET ADDRESS 741 BOSTON POST ROAD  
CITY-ST-ZIP GUILFORD CT ☐ Delete

TITLE Carla M. Brown  
NAME Assistant Secretary  
STREET ADDRESS 4401 Northside Pkwy, Suite 560  
CITY-ST-ZIP Atlanta, GA 30327 ☐ Change ☒ Addition

TITLE 4401 Northside Pkwy, Suite 560  
NAME Atlanta, GA 30327 ☒ Change ☐ Addition

TITLE T. Gregory Richardson  
NAME Assistant Treasurer  
STREET ADDRESS 4401 Northside Pkwy, Suite 560  
CITY-ST-ZIP Atlanta, GA 30327 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)