

2000, UNIFORM BUSINESS REPORT (UBR)

0581696

DOCUMENT # 833463

1. Entity Name

PHILLIPS & BROOKS/GLADWIN, INC.

FILED

01 MAR 23 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1485 REDI RD.
P.O. BOX 267
CUMMING GA 30040
US

Mailing Address

1485 REDI RD.
P.O. BOX 267
CUMMING GA 30534-6182

2. Principal Place of Business

139 Hightower Parkway
Suite, Apt. #, etc.

3. Mailing Address

139 Hightower Parkway
Suite, Apt. #, etc.

City & State

Dawsonville, GA

Zip
30534

Country

Dawson

City & State

Dawsonville, GA

Zip
30534

Country

Dawson

REINSTATEMENT

00-01

4. FEI Number

58-0540078

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

000003912890--5

-03/27/01--01096--014

City

***308. FL

***308.75

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

Dale H. Morris

3/22/01

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, 2000 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	PS	<input type="checkbox"/> Delete
NAME	MCCULLOUGH, MARK	
STREET ADDRESS	1485 REDI RD	
CITY-ST-ZIP	CUMMING GA	
TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, RONALD M.	
STREET ADDRESS	FREEMAN, RONALD B.	
CITY-ST-ZIP	CUMMING GA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MORTON, C. READ	
STREET ADDRESS	1360 PEACHTREE ST. #1900	
CITY-ST-ZIP	ATLANTA GA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PORTER, JOHN A.	
STREET ADDRESS	1124 N. LAKESHORE DR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARGESON, JOHN D.	
STREET ADDRESS	4 MARSHPOINT, PO BOX 8016	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	139 Hightower Parkway	
CITY-ST-ZIP	Dawsonville, GA 30534	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin Krakora	
STREET ADDRESS	139 Hightower Parkway	
CITY-ST-ZIP	Dawsonville, GA 30534	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One GA Center, Suite 1200, 600 W. Peachtree St.	
CITY-ST-ZIP	Atlanta, GA 30308	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Talbot Landing Suite 2, 295 Bay Street	
CITY-ST-ZIP	Easton, MD 21601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilfred V. Fox	
STREET ADDRESS	130 Churchill Dr.	
CITY-ST-ZIP	Dunwoody, GA 30350	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hugh P. Whitehead, Jr.	
STREET ADDRESS	775 Edgewater Trail NW	
CITY-ST-ZIP	Atlanta, GA 30328	

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/00

Date

770-887-9901

Daytime Phone #

CR2E034 (9/99)