

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 842006

1. Entity Name

FLAGLER MANAGEMENT COMPANY

Principal Place of Business

300 NORTHCREEK STE 105
3715 NORTHSIDE PARKWAY NW
ATLANTA GA 30327

Mailing Address

300 NORTHCREEK STE 105
3715 NORTHSIDE PARKWAY NW
ATLANTA GA 30327-2806

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

58-1355323

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

JEANNE, MINER

3627 UNIVERSITY BLVD SO, SUITE 430
JACKSONVILLE FL 32216

Name

Theresa M. Kenney, Esq.

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

Ford Jeter Bowlus & Duss

10110 San Jose Blvd

City

Jacksonville

FL

Zip Code
32257

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, type 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MCCLAIN, WILLIAM A., III
300 NORTHCREEK, STE. 105
ATLANTA GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
William A. McClain IV
3715 Northside Pkwy, Ste 105, Bldg 300
Atlanta, GA 30327 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 #

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90051 026 ***150.00



DO NOT WRITE IN THIS SPACE

CR2034 (9/99)