

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90896 047 ***150.00

0001654 AV

DOCUMENT # 843862

1. Entity Name

IRT PROPERTY COMPANY

Principal Place of Business

200 GALLERIA PARKWAY
 SUITE 1400
 ATLANTA GA 30339

Mailing Address

200 GALLERIA PARKWAY
 SUITE 1400
 ATLANTA GA 30339

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 58-1366611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 PCEO ☐ Delete
 NAME MCAULEY, THOMAS H
 STREET ADDRESS 200 GALLERIA PKWY STE 1400
 CITY-ST-ZIP ATLANTA GA 30339

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP ☐ Delete
 NAME ANDERSON, E. THORNTON
 STREET ADDRESS 200 GALLERIA PKWY STE 1400
 CITY-ST-ZIP ATLANTA GA 30339

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE EVPS ☐ Delete
 NAME JONES, W. BENJAMIN, III
 STREET ADDRESS 200 GALLERIA PKWY STE 1400
 CITY-ST-ZIP ATLANTA GA 30339

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE EVP ☐ Delete
 NAME MITZEL, ROBERT E
 STREET ADDRESS 200 GALLERIA PKWY STE 1400
 CITY-ST-ZIP ATLANTA GA 30339

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SVP ☐ Delete
 NAME LEVY, JAMES G
 STREET ADDRESS 200 GALLERIA PKWY STE 1400
 CITY-ST-ZIP ATLANTA GA 30339

TITLE ☒ Change ☐ Addition
 NAME **EVP**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VP ☐ Delete
 NAME LOVETT, DANIEL F
 STREET ADDRESS 200 GALLERIA PARKWAY STE 1400
 CITY-ST-ZIP ATLANTA GA 30339

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 (9/01)