

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 846420

1. Entity Name

PLAYER AND COMPANY OF GEORGIA

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90077 039 ***150.00

CU008962



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
531 BISHOP STREET. N.W. ATLANTA GA 30318 US	531 BISHOP STREET. N.W. ATLANTA GA 30318-4305 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	58-0807037	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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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)	
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, 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	PD	<input type="checkbox"/> Delete
NAME	SUDDETH, DOUGLAS H	
STREET ADDRESS	531 BISHOP ST NW	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STOKES, MCNEILL	
STREET ADDRESS	1040 P'TREE BATTLE N.E.	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	WOHAR, SAM L	
STREET ADDRESS	531 BISHOP ST NW	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COTTON, JEFF	
STREET ADDRESS	531 BISHOP STREET NW	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

DOUGLAS H. SUDDETH, Pres. 1/14/00 (404) 351-3481

Date

Daytime Phone #

CR2E034 (9/99)