

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 843638

1. Entity Name

Davis, Mendel & Regenstein, Inc.

Principal Place of Business
2100 RiverEdge Parkway
Suite 750
Atlanta, GA 30328

Mailing Address
2100 RiverEdge Parkway
Suite 750
Atlanta, GA 30328

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

58-1412594

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

Davis, Nathan E.
600 Bird Bay Drive
Venice, FL 34292

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	CD	<input type="checkbox"/> Delete
NAME	Davis, Nathan E.	
STREET ADDRESS	176 Coastal Hammock Ct.	
CITY-ST-ZIP	Osprey, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Regenstein, J. Kent	
STREET ADDRESS	4666 Sentinel Post Road	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Fields, Jeanelle W.	
STREET ADDRESS	2351 Ashton Woods Ct.	
CITY-ST-ZIP	Marietta, GA 30068	
TITLE	COO	<input type="checkbox"/> Delete
NAME	Raymond, Geoffrey P.	
STREET ADDRESS	6195 Blackwater Trail	
CITY-ST-ZIP	Atlanta, Georgia 30328	
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:

Jeanelle W. Fields / Jeanelle W. Fields

5-1-00

Date

770-850-3838

Daytime Phone #

CR2E034 (9/99)