

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90302 036 ***150.00

0563372 AT

DOCUMENT # 856051

1. Entity Name

CONTINENTAL WINGATE COMPANY OF GEORGIA, INC.

Principal Place of Business

**3833 PEACHTREE RD., N.E.
 SUITE 1700
 ATLANTA GA 30319-3372**

Mailing Address

**3833 PEACHTREE RD., N.E.
 SUITE 1700
 ATLANTA GA 30319-3372**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2626467

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOCKARD, T. GENE

% CYPRESS POINT APARTMENTS

5119 E. FLETCHER AVE.

TAMPA FL 33612

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	PD	<input type="checkbox"/> Delete
NAME	SCHUSTER, GERALD	
STREET ADDRESS	132 YARMOUTH ROAD	
CITY-ST-ZIP	BROOKLINE MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	NAJARIAN, ROBERT J	
STREET ADDRESS	286 MAYFLOWER CIRCLE	
CITY-ST-ZIP	HANOVER MA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CALLAHAN, BRIAN E.	
STREET ADDRESS	15 HICKORY DRIVE	
CITY-ST-ZIP	MEDFIELD MA	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBERTS, JUNE E.	
STREET ADDRESS	60 RICHARDSON ROAD	
CITY-ST-ZIP	BELMONT MA 02178	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHUSTER, MARK	
STREET ADDRESS	63 KENDRICK ST	
CITY-ST-ZIP	NEEDHAM MA 02494	
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
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
NAME	
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 19.07(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: Anne T. Asdot, Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment D

*856051
600/3058*

Attachment

Document # 856051

Continental Wingate Company of Georgia, Inc.

Number 11 Officers and Directors

Addition

AS-Assistant Secretary
Anne T. Asdot
63 Kendrick Street
Needham, MA 02494