

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90040 044 \*\*\*150.00

0610202 AT

**DOCUMENT # F00000000951**

1. Entity Name

**DUNN SOUTHEAST, INC.**

Principal Place of Business

**929 HOLMES  
KANSAS CITY MO 64106**

Mailing Address

**929 HOLMES  
KANSAS CITY MO 64106**

2. Principal Place of Business

**800 Mt. Vernon Hwy**

Suite, Apt. #, etc.  
**# 200**

City & State  
**ATLANTA, GA**

Zip  
**30328**

Country  
**Fulton**

3. Mailing Address

**800 Mt. Vernon Hwy**

Suite, Apt. #, etc.  
**# 200**

City & State  
**ATLANTA, GA**

Zip  
**30328**

Country  
**Fulton**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**43-1875240**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH 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

**33324**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PC  
DUNN, TERRENCE P  
929 HOLMES  
KANSAS CITY MO 64106** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MILLER, JIM  
929 HOLMES  
KANSAS CITY MO 64106** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HALSEY, CASEY S  
929 HOLMES  
KANSAS CITY MO 64106** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP  
TOUCHTON, STEVEN A  
800 MT VERNON HWY, #200  
ATLANTA GA 30328** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEOD  
GRIFFIN, R.J. JR  
800 MT VERNON HWY, #200  
ATLANTA GA 30328** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP  
PARIS, DAVID C JR  
800 MT VERNON HWY, #200  
ATLANTA GA 30328** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
**COO/PRESIDENT  
TOUCHTON, STEVEN A.  
800 MT VERNON HWY, #200  
ATLANTA GA 30328**

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/27/02 678 781 2538**

Date

Daytime Phone #

CR2E034 (9/01)