

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90131 043 ***550.00

DOCUMENT # F00000007191

1. Entity Name
CAMERON & BARKLEY COMPANY

Principal Place of Business
3300 W. MONTAGUE AVE
400 B
N. CHARLESTON SC 29418

Mailing Address
3300 W. MONTAGUE AVE
400 B
N. CHARLESTON SC 29418

80129707



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 57-0132885

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

C T CORPORATION SYSTEM
1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **GUNDLING, DAVID G**
STREET ADDRESS **100 GALLERIA PKWY, #1120**
CITY-ST-ZIP **ATLANTA GA 30339**

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

TITLE **VCFO** ☒ Delete
NAME **BISHOP, RANDALL**
STREET ADDRESS **3300 W. MONTAGUE AVE, #400B**
CITY-ST-ZIP **N. CHARLESTON SC 29418**

TITLE **VP/CEO** ☐ Change ☒ Addition
NAME **Brian Thompson**
STREET ADDRESS **3300 W. Montague Ave. Charleston, SC 29418**
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **ROSENBERG, JEFFREY S**
STREET ADDRESS **100 GALLERIA PKWY, #1120**
CITY-ST-ZIP **ATLANTA, GA 30339**

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

TITLE **PD** ☐ Delete
NAME **WARREN, JAMES R**
STREET ADDRESS **2294 POETSJIFE WAY**
CITY-ST-ZIP **CHARLESTON SC**

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

TITLE **ASAT** ☐ Delete
NAME **NOWELL, CHRISTOPHER C**
STREET ADDRESS **105 GLEN EAGLES DRIVE**
CITY-ST-ZIP **SUMMERVILLE SC 29483**

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

TITLE **EV** ☐ Delete
NAME **BATEMAN, JOEL M**
STREET ADDRESS **3300 W MONTAGUE AVE, #400B**
CITY-ST-ZIP **N. CHARLESTON SC 29518**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)