

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90006 048 ****61.25

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1. Entity Name

GEORGIA ASSOCIATION OF CREDIT MANAGEMENT, INC.



Principal Place of Business

4187 N.E. EXPRESSWAY
ATLANTA GA 30340

Mailing Address

P.O. BOX 29429
ATLANTA GA 30359

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-0145150

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

FELDER, BENJAMIN ESQ.
C/O KASS, SHULER, ET AL
1505 NORTH FLORIDA AVE.
TAMPA FL 33601

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME RYAN, MICHAEL P ☐ Delete
STREET ADDRESS 4187 N.E. EXPRESSWAY
CITY-ST-ZIP ATLANTA GA 30340

TITLE S
NAME OWENS, DONNA ☐ Delete
STREET ADDRESS 4187 N.E. EXPRESSWAY
CITY-ST-ZIP ATLANTA GA 30340

TITLE CD ☒ Delete
NAME SMITH, CYNTHIA
STREET ADDRESS 4187 N.E. EXPRESSWAY
CITY-ST-ZIP ATLANTA GA 30340

TITLE D ☐ Delete
NAME BERLIN, CRAIG
STREET ADDRESS 4187 N.E. EXPRESSWAY
CITY-ST-ZIP ATLANTA GA 30340

TITLE D ☐ Delete
NAME BONDS, JOEL
STREET ADDRESS 4187 N.E. EXPRESSWAY
CITY-ST-ZIP ATLANTA GA 30340

TITLE D ☐ Delete
NAME BRANCH, CAROL
STREET ADDRESS 4187 N.E. EXPRESSWAY
CITY-ST-ZIP ATLANTA GA 30340

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Prince, Dennis
STREET ADDRESS 4187 N E Expressway
CITY-ST-ZIP Atlanta, GA 30340

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

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

TITLE CD ☒ Change ☐ Addition
NAME Berlin, Craig
STREET ADDRESS 4187 N E Expressway
CITY-ST-ZIP Atlanta, GA 30340

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

6/19/01

770-491-3313

CR2E037 (10/00)