

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000007254

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

3700 Crestwood Pkwy

Suite, Apt. #, etc.
Suite 1060

City & State
Duluth GA

Zip
30096

Country

3. Mailing Address

P O Box 29429

Suite, Apt. #, etc.

City & State
Atlanta GA

Zip
30359

Country

4. FEI Number 58-0145150

Applied For
Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3700 Crestwood Pkwy Su.1060
Duluth GA 30096

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3700 Crestwood Pkwy. Su.1060
Duluth GA 30096

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☒ Change ☐ Addition
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Duluth GA 30096

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

01-14-2002 90058 009 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)

1/7/02 (77) 441-3313