

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90156 002 ***550.00

CR20034 (5/01)

DOCUMENT # F03832

1. Entity Name

FCI OF FLORIDA, INC.

Principal Place of Business

**3565 PIEDMONT RD. STE 710
 THREE PIEDMONT CENTER
 ATLANTA GA 30305**

Mailing Address

**3565 PIEDMONT RD. STE 710
 THREE PIEDMONT CENTER
 ATLANTA GA 30305**

00063349



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3423 PIEDMONT ROAD

3. Mailing Address

3423 PIEDMONT ROAD

Suite, Apt. #, etc.

SUITE 325

Suite, Apt. #, etc.

SUITE 325

City & State

ATLANTA GA

City & State

ATLANTA GA

4. FEI Number

59-2042749

Applied For

Not Applicable

Zip

30305

Country

Zip

30305

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORP SYSTEM
 1200 S PINE ISLE RD
 STE 1400
 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

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PD** ☐ Delete
 NAME **BLONDER, MICHAEL J**
 STREET ADDRESS **3565 PIEDMONT RD. STE 710**
 CITY-ST-ZIP **ATLANTA GA 30305**

TITLE **VST** ☒ Delete
 NAME **DE GUARDIOLA, ED**
 STREET ADDRESS **3565 PIEDMONT RD. STE 710**
 CITY-ST-ZIP **ATLANTA GA 30305**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SPD** ☒ Change ☒ Addition
 NAME **BLONDER, MICHAEL J**
 STREET ADDRESS **3423 PIEDMONT ROAD, SUITE 325**
 CITY-ST-ZIP **ATLANTA, GA 30305**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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 #