

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000440

1. Entity Name

WIELAND REALTY ASSOCIATES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90283 004 ***150.00

Principal Place of Business	Mailing Address
1950 SULLIVAN RD. ATLANTA GA 30337 US	1950 SULLIVAN ROAD C/O RICHARD BACON ATLANTA GA 30337-5706 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	58-1576545	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
GILES, RICK 3901 MONUMENT ROAD JACKSONVILLE FL 32225

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 _____ (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)	<input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	CTD <input checked="" type="checkbox"/> Delete
NAME	IANNARELLI, ANDREA
STREET ADDRESS	1950 SULLIVAN RD.
CITY-ST-ZIP	ATLANTA GA 30337
TITLE	DS <input type="checkbox"/> Delete
NAME	WIELAND, SUE
STREET ADDRESS	1950 SULLIVAN RD.
CITY-ST-ZIP	ATLANTA GA
TITLE	P <input type="checkbox"/> Delete
NAME	FIELDS, DAN
STREET ADDRESS	1950 SULLIVAN ROAD
CITY-ST-ZIP	ATLANTA GA
TITLE	VAS <input type="checkbox"/> Delete
NAME	BACON, RICHARD A.
STREET ADDRESS	1950 SULLIVAN ROAD
CITY-ST-ZIP	ATLANTA GA
TITLE	AS <input checked="" type="checkbox"/> Delete
NAME	FOSTER, VICKY
STREET ADDRESS	1950 SULLIVAN ROAD
CITY-ST-ZIP	ATLANTA GA
TITLE	V <input type="checkbox"/> Delete
NAME	RAY, DOUGLAS T
STREET ADDRESS	1950 SULLIVAN RD
CITY-ST-ZIP	ATLANTA GA 30337

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wieland, John
STREET ADDRESS	1950 Sullivan Road
CITY-ST-ZIP	Atlanta, GA 30337
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Iannarelli, Andrea
STREET ADDRESS	1950 Sullivan Road
CITY-ST-ZIP	Atlanta, GA 30337
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard Bacon Richard Bacon, Vice President 1/7/00 (770) 996-2400, 200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)