## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **F93000001453** Jan 27, 2000 8:00 am **Secretary of State** RETIREMENT MANAGEMENT OF FLORIDA, INC. 01-27-2000 90050 020 \*\*\*150.00 Principal Place of Business Mailing Address 295 JADA COVE DR 3701 W MCNAB ROAD ROSWELL GA 20075 STE 550 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 58-2032884 Not Applicable \_ Zip - - . . Zip ...Country ---Country **\$8.75.** Additional. 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition **C**nange ☐ Delete TITLE ANDREWS, J J NAME NAME 700 Old Roswell Lalles PKwy STREET ADDRESS STREET ADDRESS 6000 LAKE-FOREST DR-8TE-550 Roswell, GA 30076 CITY-ST-ZIP CITY-ST-ZIP ATLANTA CA SD ☐ Delete TITLE NAME EMRICK, KERRY S NAME 700 Old Roswell Lakes Pluy STREET ADDRESS COOR LAKE FORRST DR STE-550 STREET ADDRESS ROSWELL GA 30076 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00

770, 992.0441

Davtime Phone #

(A) # (A) # (A) A