## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9300001960

CULPEPPER, MCAULIFFE AND MEADERS, INC.

Principal Place of Business

Mailing Address

COLONY SQUARE, SUITE 900 " GA 30361

400 COLONY SQUARE, SUITE 900

ATLANTA GA 30341-3941

## **FILED** May 01, 2000 8:00 am Secretary of State

05-01-2000 90311 043 \*\*\*150.00



2. Principal P	lace of Business	3. Mailing Address	<del></del>					
5500 NE EXPRESSOURY 3300 NE EXPRESSOURY						AMILL AMILL MAYS	1 11818 18118 911	fil <b>13</b> 12 1001
Suite, Apt. #, etc. Suite, Apt. #, etc.			k/_	1 [	DO NOT WRIT	E IN THIS S	PACE	
Vzu <u>ldv</u> Citv & State		City & State	$\varphi$	<u> </u>	4. FEI Number	<del></del>		pplied For
AHan		l as . ´ .	50ean	<u> </u>	4. FEI Number 58-1721167	,		ot Applicable
Zip	Country	Zio	Country	<u> </u>	- 0 10 1 (0) 1		\$8.75 Add	
303	,	30341	Dekal	b	5. Certificate of Status Desired		Fee Require	
	6. Name and Address of Current F		7. Name and Address of New Registered Agent					
			Nam	e –	فت المحال فصيد المحاري الما -	<del></del>		•
CTO	CORPORATION SYSTEM	Stree	Street Address (P.O. Box Number is Not Acceptable)					
1200	SOUTH PINE ISLAND ROAD							
PLAN	ITATION FL 33324							
			City				Zip Cod	le
		_		_		FL		
8. The above	named entity submits this statement for	the purpose of changing its	registered office	e or registere	ed agent, or both, in the State of Flo	orida.		
	-							
SIGNATURE .								
SIGNATORIE.	Signature, typed or printed name of registered agent ar	nd title if applicable (NOT	E: Registered Agent si	gnature required	when reinstating)	DATE		
9 This corns	pration is eligible to satisfy its Intangible	FILE NOW	!!! FEE IS \$15	50.00			A= 4	
•	requirement and elects to do so.	After MAY 1, 20			10. Election Campaign Fin  Trust Fund Contribution			00 May Be d to Fees
(See criter	ria on back) 👉 💢 🗀	Make Check Payat	ole to Departm	ent of Sta			. Audel	J (0 1 663
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	C 22 - 485 - 22 - 2	☐ Delete	TITLE				Change	Addition
NAME	CULPEPPER, JAMES F		NAME	- <b> </b> -				
STREET ADDRESS	400 COLONY SQUARE SUITE 900	)	STREET ADDRE	ss   3300°	D NE EXPRESSUA-	1, Buu	DWG *	<i>م</i> ا
CITY-ST-ZIP	A <del>TLANTA GA</del>		CITY-ST-ZIP	Atla	inta, GA 30341			
TITLE	C	☐ Delete	TITLE	1			<b>Change</b>	Addition
NAME	MCAULIFFE, JAMES R		NAME					
STREET ADDRESS	400 COLONY SQUARE, SUITE 90	0	STREET ADDRE		o he expression	1, BU	udng	<i>ত</i>
CITY-ST-ZIP	ATLANTA GA		CITY~ST-ZIP	AHO	anta 6A 30341			
TITLE	DS	Delete	<u>TI</u> TLE		The state of the s		Change	Addition_
NAME	MEADERS, ROBERT E		NAME	3345	- de margares de	2411.7	01.14 H	1.
STREET ADDRESS	400 COLONY SQUARE, SUITE 90	<del>0</del> -	STREET ADDRE		NE EXPRESSIVALY	, ismice	>(NG - (	6
CITY-ST-ZIP	ATLANTA GA 30361			PAC	ANTA, GA 35341			- Addition
TITLE	   MCN7EL BANEE K	☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS	WENZEL, RANEE K.   <del>400. COLONY SQUARE, SUITE-90</del>	'n	NAME STREET ADDRE	« 330	O NE EXPLICATION	۲۹ دیم	ULDING	#10
CITY-ST-ZIP	1 100 0 7 00 111 1 1 1 1 1 1 1 1 1 1 1 1	U	CITY-ST-ZIP	ALI	ant. (2) 303111	, –(, ,	<b>3</b> (1-3)(1-3)	ı · ·
<del></del>	ATLANTA GA	₩ n.u.	TITLE	Once	anta GA 30341		☐ Change	Addition
TITLE NAMÉ	DAWKINS, JAMES D	Delete	NAME		SIDENT SERT P. SMITH			
STREET ADDRESS	400 COLONY SW., STE 900		STREET ADDRE	SS 335	oo he expersion	P	AI COIN	16 <del>16</del> 7 .
CITY-ST-ZIP	ATLANTA GA 30361		CITY-ST-ZIP	مددم	inta, 6A 3034	`~ <b>`</b>	~(U) [k	10.0
TITLE	AIDANIA GA VOOT	Delete	TITLE		WIND / CO TO TO		[] Change	Addition
NAME		TT Delete	NAME					
STREET ADDRESS	1		STREET ADDRE	ss				
CITY-ST-ZIP			CITY-ST-ZIP					
13.   hereby	certify that the information supplied with	his filing does-not qualify for	r the exemption	stated in Se	ection 119.07(3)(i), Florida Statutes.	further cer	tify that the	information
indicated	certify that the information supplied wind in this report or supplemental report is reportation or the receiver or trustee empty.	true and accurate and that	my signature sha	Il have the	same legal effect as if made under	oath; that f a	ım an officer	r or director ir Block 12 if
or the cor	rooration of the feceiver of thateveripo i, or on an attachinen with an accress M	ith all other like empowered	. as required by	Chapter 007	, i londa diatatos, and that my ham	- appoulon	. 2,220, 1, 0	

SIGNATURE:

4.20.00