

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2000 90311 043 ***150.00

DOCUMENT # F93000001960

1. Entity Name

CULPEPPER, MCAULIFFE AND MEADERS, INC.

Principal Place of Business

Mailing Address

400 COLONY SQUARE, SUITE 900
 ATLANTA GA 30361

400 COLONY SQUARE, SUITE 900
 ATLANTA GA 30341-3941

2. Principal Place of Business

3. Mailing Address

3300 NE EXPRESSWAY

3300 NE EXPRESSWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Building #6

Building #6

City & State

City & State

Atlanta, Georgia

Atlanta, Georgia

Zip

Country

Zip

Country

30341

DeKalb

30341

DeKalb

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	CULPEPPER, JAMES F	
STREET ADDRESS	400 COLONY SQUARE SUITE 900	
CITY-ST-ZIP	ATLANTA GA	
TITLE	C	<input type="checkbox"/> Delete
NAME	MCAULIFFE, JAMES R	
STREET ADDRESS	400 COLONY SQUARE, SUITE 900	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MEADERS, ROBERT E	
STREET ADDRESS	400 COLONY SQUARE, SUITE 900	
CITY-ST-ZIP	ATLANTA GA 30361	
TITLE	T	<input type="checkbox"/> Delete
NAME	WENZEL, RANEE K.	
STREET ADDRESS	400 COLONY SQUARE, SUITE 900	
CITY-ST-ZIP	ATLANTA GA	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAWKINS, JAMES D	
STREET ADDRESS	400 COLONY SW., STE 900	
CITY-ST-ZIP	ATLANTA GA 30361	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3300 NE EXPRESSWAY, BUILDING #6	
CITY-ST-ZIP	Atlanta, GA 30341	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3300 NE EXPRESSWAY, BUILDING #6	
CITY-ST-ZIP	Atlanta, GA 30341	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3300 NE EXPRESSWAY, BUILDING #6	
CITY-ST-ZIP	Atlanta, GA 30341	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	ROBERT P. SMITH	
CITY-ST-ZIP	3300 NE EXPRESSWAY, BUILDING #6	
	Atlanta, GA 30341	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00

(7) 676-7600

CR2E034 (9/99)