

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
 03-30-2001 90310 002 ***150.00

0560365

DOCUMENT # F93000002461

1. Entity Name

PALMER & CAY OF GEORGIA, INC.

Principal Place of Business

Mailing Address

P. O. BOX 847
 SAVANNAH GA 31402-0847
 US

P. O. BOX 847
 SAVANNAH GA 31402-0847
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-1945349**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIN, RICHARD W
76 SO. LAURA STREET
SUITE 1400
JACKSONVILLE FL 32202

Name
Corporation Service Company
 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City **Tallahassee**

FL

Zip Code
32301

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)

Lynette Coleman
as its agent

DATE

3/26/2001

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, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☒ Delete
 NAME **BENNETT, THOMAS J**
 STREET ADDRESS **3333 CUMBERLAND CIR., NW SUITE 500**
 CITY-ST-ZIP **ATLANTA GA 30339**

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

TITLE **V** ☒ Delete
 NAME **BEYTAGH, DARLENE H**
 STREET ADDRESS **25 BULL STREET**
 CITY-ST-ZIP **SAVANNAH GA 31401-2658**

TITLE ☐ Change ☒ Addition
 NAME **Vice President**
 STREET ADDRESS **Eagle, C. Steven**
 CITY-ST-ZIP **25 Bull Street**
Savannah, GA 31401-2658

TITLE **PD** ☐ Delete
 NAME **CROWLEY, F. MICHAEL**
 STREET ADDRESS **25 BULL STREET**
 CITY-ST-ZIP **SAVANNAH GA 31401-2658**

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

TITLE **CD** ☐ Delete
 NAME **CAY, JOHN E III**
 STREET ADDRESS **25 BULL ST**
 CITY-ST-ZIP **SAVANNAH GA 31401**

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

TITLE **S** ☒ Delete
 NAME **VETTER, N. CHARMIL**
 STREET ADDRESS **25 BULL STREET**
 CITY-ST-ZIP **SAVANNAH GA 31401-2658**

TITLE ☐ Change ☒ Addition
 NAME **Vice Pres/Sec/Director**
 STREET ADDRESS **Hofele, David M.**
 CITY-ST-ZIP **25 Bull Street**
Savannah, GA 31401-2658

TITLE **T** ☐ Delete
 NAME **LEHMAN, KAREN J**
 STREET ADDRESS **25 BULL ST**
 CITY-ST-ZIP **SAVANNAH GA 31401**

TITLE ☐ Change ☒ Addition
 NAME **Treasurer/ Director**
 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 #

3-23-01 912 231-6809

CR2E034 (10/00)