

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90067 029 \*\*\*150.00

**DOCUMENT # F93000002825**

1. Entity Name

**BLM EB DAYTONA, INC.**

Principal Place of Business

Mailing Address

**DUNWOODY CLUB DR**  
**200**  
**ATLANTA GA 30350-5206**

**4243 DUNWOODY CLUB DR**  
**SUITE 200**  
**ATLANTA GA 30328-6028**  
**US**

2. Principal Place of Business

**7000 Central Pkway, NE**

3. Mailing Address

**7000 Central Pkway, NE**

Suite, Apt. #, etc.

**Suite 850**

Suite, Apt. #, etc.

**Suite 850**

City & State

**Atlanta, GA**

City & State

**Atlanta, GA**

Zip

**30328**

Country

**USA**

Zip

**30328**

Country

**USA**

4. FEI Number

**58-2023753**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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

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 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Delete  
NAME **COLLINS, DOUGLAS C**  
STREET ADDRESS **4243 DUNWOODY CLUB DR, STE 200**  
CITY-ST-ZIP **ATLANTA GA 30350**

TITLE **PTD** ☒ Change ☐ Addition  
NAME **Collins, Douglas C.**  
STREET ADDRESS **7000 Central Pkway, NE, Suite 850**  
CITY-ST-ZIP **Atlanta, GA 30328**

TITLE **VSD** ☒ Delete  
NAME **LEE, ROBERT B**  
STREET ADDRESS **4243 DUNWOODY CLUB DR, STE 200**  
CITY-ST-ZIP **ATLANTA GA 30350**

TITLE **VSD** ☒ Change ☐ Addition  
NAME **Lee, Robert B.**  
STREET ADDRESS **7000 Central Pkway, NE, Suite 850**  
CITY-ST-ZIP **Atlanta, GA 30328**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

**Douglas C. Collins**  
**President**

**2/8/2000**

**770-393-2662**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)