

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003093

1. Entity Name

RAM PARTNERS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90215 016 ***150.00

Principal Place of Business

4401 NORTHSIDE PKWY., STE. 800
ATLANTA GA 30327

Mailing Address

4401 NORTHSIDE PKWY., STE. 800
ATLANTA GA 30327

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2056776**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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's signature required when re-instating)

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, 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LOGAN, MARTHA J.	
STREET ADDRESS	4401 N.SIDE PKWY. STE. 800	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOX, GREGORY R	
STREET ADDRESS	4401 N.SIDE PKWY. STE 800	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> Delete
NAME	COHEN, SHERRY	
STREET ADDRESS	4401 N.SIDE PKWY STE. 800	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOHN A	
STREET ADDRESS	4401 N.SIDE PKWY. STE. 800	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	GLOVER, JOHN T	
STREET ADDRESS	4401 N.SIDE PKWY STE. 800	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, JEFFERY A	
STREET ADDRESS	4401 N.SIDE PKWY. STE.	
CITY-ST-ZIP	ATLANTA GA 30327	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William F. Leseman	
STREET ADDRESS	4401 Northside Parkway, Ste 800	
CITY-ST-ZIP	Atlanta, GA 30327	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	30327	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	30327	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	30327	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David P. Stockert	
STREET ADDRESS	4401 Northside Parkway, Ste 800	
CITY-ST-ZIP	Atlanta, GA 30327	

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:

Sherry W. Cohen

Sherry W. Cohen

4-16-01

404.846.5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)