

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90130 022 \*\*\*150.00

**DOCUMENT # F93000003474**

1. Entity Name

**NEWTON WOODS G.P., INC.**

Principal Place of Business

**7000 CENTRAL PARKWAY, SUITE 1500**  
**ATLANTA GA 30328**

Mailing Address

**7000 CENTRAL PARKWAY, SUITE 1500**  
**ATLANTA GA 30328**

2. Principal Place of Business

**1100 Abernathy Rd., NE**

Suite, Apt. #, etc.

**Northpark 500, Ste. 700**

City &amp; State

**Atlanta, Georgia**

Zip

**30328**

Country

**USA**

3. Mailing Address

**1100 Abernathy Rd., NE**

Suite, Apt. #, etc.

**Northpark 500, Ste. 700**

City &amp; State

**Atlanta, Georgia**

Zip

**30328**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**58-2095224**

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 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LOVE, J. ROBERT 7000 CENTRAL PARKWAY, SUITE 1500 ATLANTA GA 30328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEE, ALAN G 7000 CENTRAL PARKWAY, SUITE 1500 ATLANTA GA 30328	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1100 Abernathy Rd., NE, Bldg. 500 Atlanta, GA 30328 Ste. 700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1100 Abernathy Rd., NE, Bldg. 500 Atlanta, GA 30328 Ste. 700
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

Newton Woods GP, Inc.

By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Robert Love, President

February 26, 2001 (770) 551-0007

Date

Daytime Phone #

CR2E034 (10/00)