

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001419

1. Entity Name
JON REALTY CORPORATION

APPROVED
 AND
 FILED

00 AUG 17 AM 10:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 359 E. PACES FERRY RD SUITE 400 ATLANTA GA 30305	Mailing Address 359 E. PACES FERRY RD SUITE 400 ATLANTA GA 30305-2373
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 58-1468053	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
 1201 HAYS STREET
 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 _____ (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	
TITLE ✓	CCEO <input checked="" type="checkbox"/> Delete
NAME	NICHOLS, J. DONALD
STREET ADDRESS	359 E. PACES FERRY RD
CITY-ST-ZIP	ATLANTA GA 30305
TITLE ✓	P <input type="checkbox"/> Delete
NAME	NICHOLS, ELIZABETH L
STREET ADDRESS	359 E. PACES FERRY RD
CITY-ST-ZIP	ATLANTA GA 30305
TITLE ✓	CST <input checked="" type="checkbox"/> Delete
NAME	KERLEY, WILLIAM J
STREET ADDRESS	359 E. PACES FERRY RD
CITY-ST-ZIP	ATLANTA GA 30305
TITLE	D <input type="checkbox"/> Delete
NAME	COCHRANE, HAYWOOD D JR.
STREET ADDRESS	359 E. PACES FERRY RD
CITY-ST-ZIP	ATLANTA GA 30305
TITLE	D <input type="checkbox"/> Delete
NAME	MACNAB, CRAIG
STREET ADDRESS	359 E. PACES FERRY RD
CITY-ST-ZIP	ATLANTA GA 30305
TITLE	D <input type="checkbox"/> Delete
NAME	GREENE, WILLIAM B
STREET ADDRESS	359 E. PACES FERRY RD
CITY-ST-ZIP	ATLANTA GA 30305

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Interim CFO
STREET ADDRESS	John D. Harris, Jr. 359 East Paces Ferry Road, #400
CITY-ST-ZIP	Atlanta, GA 30305
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chief Executive Officer & Director, Macnab, Craig
STREET ADDRESS	359 East Paces Ferry Road
CITY-ST-ZIP	Atlanta, GA 30305
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: John D. Harris, Jr. 8/10/00 704-262-3252
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #