

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002069

1. Entity Name

TOWN CENTER MANAGEMENT, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90130 024 ***150.00

Principal Place of Business
2485 GEORGE BUSBEE PKWY.
KENNESAW GA 30144

Mailing Address
2485 GEORGE BUSBEE PKWY.
KENNESAW GA 30144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1981852

Applied For

Not Applicable

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

NIEMANN, KENNETH
8602 NEW MORRIS BRIDGE RD.
TEMPLE TERRACE FL 33617

Name
NIEMANN, KENNETH
Street Address (P.O. Box Number is Not Acceptable)
2817 NE 25th CT.
City
FT. LAUDERDALE FL Zip Code
33305

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
NIEMANN, KEN
8602 NEW MORRIS BRIDGE RD.
TEMPLE TERRACE GA 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
NIEMANN, KEN
2817 NE 25th CT.
FT. LAUDERDALE, FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
NIEMANN, JOYCE
8602 NEW MORRIS BRIDGE RD.
TEMPLE TERRACE GA 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
NIEMANN, JOYCE
2817 NE 25th CT.
FT. LAUDERDALE, FL ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/01

CR2E034 (10/00)