

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-16-2002 90046 042 ***150.00

DOCUMENT # F94000002069

1. Entity Name

TOWN CENTER MANAGEMENT, INC.

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

**NIEMANN, KENNETH
 2817 NE 25TH COURT
 FORT LAUDERDALE FL 33325**

7. Name and Address of New Registered Agent

Name **STEVEN L. SPARKMAN**

Street Address (P.O. Box Number is Not Acceptable)

212 N. COLLINS ST. SUITE 1

City **PLANT CITY**

FL

Zip Code **33566**

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

Steven L. Sparkman

Steven L. Sparkman

5/3/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required upon reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirements and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **PTD** ☐ Delete
 NAME **NIEMANN, KEN**
 STREET ADDRESS **2817 NE 25TH COURT**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **VSD** ☐ Delete
 NAME **NIEMANN, JOYCE**
 STREET ADDRESS **2817 NE 25TH COURT**
 CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

KEN NIEMANN

4/5/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)