

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003048

1. Entity Name

TMW REAL ESTATE PARTNERS, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90083 002 \*\*\*150.00

Principal Place of Business

Mailing Address

5500 INTERSTATE NORTH PARKWAY  
SUITE 200  
ATLANTA GA 30328-4662

5500 INTERSTATE NORTH PARKWAY  
SUITE 200  
ATLANTA GA 30328-4662

2. Principal Place of Business

Two Ravinia Drive

3. Mailing Address

Two Ravinia Drive

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Atlanta, Georgia

City & State

Atlanta, Georgia

Zip

Country

30346-2104

USA

Zip

Country

30346-2104

USA

4. FEI Number

58-1459474

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

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MCWHIRTER, THOMAS F	
STREET ADDRESS	5500 INTERSTATE NORTH PARKWAY	
CITY-ST-ZIP	ATLANTA GA 30328-4662	
TITLE	V	<input type="checkbox"/> Delete
NAME	TRESCHER, KLAUS	
STREET ADDRESS	TMW IMMOBILIEN, PRANNERSTRASSE 1	
CITY-ST-ZIP	80333 MUNICH, GERMANY	
TITLE	V	<input type="checkbox"/> Delete
NAME	OLIVER, DANIEL E	
STREET ADDRESS	5500 INTERSTATE N. PKY STE 200	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	AS	<input type="checkbox"/> Delete
NAME	VAN ARSDALE, ROSEMARY	
STREET ADDRESS	5500 INTERSTATE NO. PKWY SUITE 220	
CITY-ST-ZIP	ATLANTA GA 30328-4662	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAHL, DAVID	
STREET ADDRESS	5500 INTERSTATE NORTH PKJWY STE 200	
CITY-ST-ZIP	ATLANTA GA	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROSE, JOHN A	
STREET ADDRESS	5500 INTERSTATE N. PKY STE 200	
CITY-ST-ZIP	ATLANTA GA 30328	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Two Ravinia Drive, Suite 400
STREET ADDRESS	Atlanta, Georgia 30346-2104
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Two Ravinia Drive, Suite 400
STREET ADDRESS	Atlanta, Georgia 30346-2104
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Two Ravinia Drive, Suite 400
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CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Two Ravinia Drive Suite 400
STREET ADDRESS	Atlanta, Georgia 30346-2104
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Two Ravinia Drive, Suite 400
STREET ADDRESS	Atlanta, Georgia 30346-2104
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:

*Thomas F. McWhirter, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. McWhirter, Jr.

Date

Daytime Phone #

770-481-3000

CR2E034 (9/99)