

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004855

1. Entity Name  
COX HRP, INC.

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90003 007 \*\*\*550.00

Principal Place of Business

CORPORATE TAX DEPT  
1400 LAKE HEARN DR  
ATLANTA GA 30319  
US

Mailing Address

CORPORATE TAX DEPT  
1400 LAKE HEARN DR  
ATLANTA GA 30319  
US

2. Principal Place of Business

1400 LAKE HEARN DR.  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

ATLANTA, GA

City & State

Zip

Country

30319

USA

Zip

Country

4. FEI Number 58-2053154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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          | V                     | <input type="checkbox"/> Delete |
| NAME           | PETER, RYAN           |                                 |
| STREET ADDRESS | 1400 LAKE HEARN DR    |                                 |
| CITY-ST-ZIP    | ATLANTA GA 30319      |                                 |
| TITLE          | V                     | <input type="checkbox"/> Delete |
| NAME           | BARNETT, PRESTON B    |                                 |
| STREET ADDRESS | 1400 LAKE HEARN DR    |                                 |
| CITY-ST-ZIP    | ATLANTA GA 30319      |                                 |
| TITLE          | SD                    | <input type="checkbox"/> Delete |
| NAME           | MERDEK, ANDREW A      |                                 |
| STREET ADDRESS | 1400 LAKE HEARN DR NE |                                 |
| CITY-ST-ZIP    | ATLANTA GA 30319      |                                 |
| TITLE          | VDI                   | <input type="checkbox"/> Delete |
| NAME           | BOYETTE, JOHN G       |                                 |
| STREET ADDRESS | 1400 LAKE HEARN DR NE |                                 |
| CITY-ST-ZIP    | ATLANTA GA 30319      |                                 |
| TITLE          | P                     | <input type="checkbox"/> Delete |
| NAME           | TRIGONY, NICHOLAS D   |                                 |
| STREET ADDRESS | 14100 LAKE HEARN DR.  |                                 |
| CITY-ST-ZIP    | ATLANTA GA 30319      |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

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 type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESTON B. BARNETT

7/20/2000

Date

404-843-5200

Daytime Phone #