

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005615

1. Entity Name

BVT INSTITUTIONAL INVESTMENTS, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90007 025 ***150.00

Principal Place of Business

Mailing Address

3350 RIVERWOOD PKWY STE 1500
ATLANTA GA 30339
US

3350 RIVERWOOD PKWY STE 1500
ATLANTA GA 30339-3399
US

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

62-1581316

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
8751 W. BROWARD BLVD.
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	PD	<input type="checkbox"/> Delete
NAME	HIMELRICK, JAMES E JR	
STREET ADDRESS	3350 RIVERWOOD PKWY STE 1500	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BUNTING, MELANIE	
STREET ADDRESS	3350 RIVERWOOD PKWY STE 1500	
CITY-ST-ZIP	ATLANTA GA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CUMMINGS, J. GREER JR	
STREET ADDRESS	3350 RIVERWOOD PKWY STE 1500	
CITY-ST-ZIP	NASHVILLE TN 37219	
TITLE	D	<input type="checkbox"/> Delete
NAME	VON SCHARFENBERG, HARALD	
STREET ADDRESS	GUNDELUNDENSTRASSE 2	
CITY-ST-ZIP	FEDERAL REPUBLIC OF GERMANY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PP Bailley, David	<input checked="" 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		
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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

Date

Daytime Phone #

2.16.00 770.618.3562

CR2E034 (9/99)