

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000487

1. Entity Name

COUSINS MARKETCENTERS, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90035 007 ***150.00

Principal Place of Business Mailing Address
2500 WINDY RIDGE PARKWAY, SUITE 1600 2500 WINDY RIDGE PARKWAY, SUITE 1600
ATLANTA GA 30339-5683 ATLANTA GA 30339-5683

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 58-2013436 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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 D ☐ Delete
NAME COUSINS, THOMAS G
STREET ADDRESS 2500 WINDY RIDGE PARKWAY, STE. 1600
CITY-ST-ZIP ATLANTA GA 30339-5683

TITLE P ☐ Delete
NAME DUPREE, DANIEL M
STREET ADDRESS 2500 WINDY RIDGE PARKWAY, STE. 1600
CITY-ST-ZIP ATLANTA GA 30339-5683

TITLE EVP ☒ Delete
NAME JONES, CRAIG B
STREET ADDRESS 2500 WINDY RIDGE PARKWAY, STE. 1600
CITY-ST-ZIP ATLANTA GA 30339-5683

TITLE SVPS ☐ Delete
NAME CHARLESWORTH, TOM G
STREET ADDRESS 2500 WINDY RIDGE PARKWAY, STE. 1600
CITY-ST-ZIP ATLANTA GA 30339-5683

TITLE V ☐ Delete
NAME BARRETT, KELLY H
STREET ADDRESS 2500 WINDY RIDGE PARKWAY, STE. 1600
CITY-ST-ZIP ATLANTA GA 30339-5683

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Kelly H. Barrett

3/14/00

Date

770-955-2200

Daytime Phone #

CR2E034 (9/99)