

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002455

1. Entity Name

MBC OF AMERICA, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90113 001 ***150.00

Principal Place of Business

Mailing Address

6950 COLUMBIA GATEWA DR.
STE 400
COLUMBIA MD 21046
US

6950 COLUMBIA GATEWA DR.
STE 400
COLUMBIA MD 21046
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3329004

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 DVT
NAME SANFORD, CHARLOTTE A
STREET ADDRESS 3414 PEACHTREE ROAD, STE. 1400
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3500 Redmont Road, NE, Suite 715
CITY-ST-ZIP Atlanta, GA 30305

TITLE D
NAME BEDENBAUGH, JAMES R
STREET ADDRESS 3414 PEACHTREE ROAD, N.E. STE. 1400
CITY-ST-ZIP ATLANTA GA 30326 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3500 Redmont Road, NE, Suite 715
CITY-ST-ZIP Atlanta, GA 30305

TITLE AS
NAME LANG, MARIAN
STREET ADDRESS 3414 PEACHTREE ROAD, N.E. STE. 1400
CITY-ST-ZIP ATLANTA GA 30326 ☒ Delete

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

TITLE V
NAME LAZAROFF, DENNIS J
STREET ADDRESS 13736 RIVERPORT DR-STE 400
CITY-ST-ZIP MARYLAND HEIGHTS MO 63403 ☐ Delete

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

TITLE S
NAME CUMMINGS, ANDREW M
STREET ADDRESS ONE MAYNARD DRIVE
CITY-ST-ZIP PARK RIDGE NJ 07656 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 666 Third Avenue, 31st floor
CITY-ST-ZIP New York, NY 10017

TITLE AS
NAME ANCOSKY, MICHELLE H
STREET ADDRESS 3414 PEACHTREE RD. NE-STE 1400
CITY-ST-ZIP ATLANTA GA 30326 ☒ Delete

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

Charlotte Sanford 4/26/00

Date

Daytime Phone #

CR2E034 (9/99)