

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002507

1. Entity Name

KLG/PAIGE, INC.

Principal Place of Business

THE 950 BUILDING  
950 S WINTER PARK DR STE 120  
CASSELBERRY FL 32707  
US

Mailing Address

1372 PEACHTREE ST., NE. STE. 100  
ATLANTA GA 30309-3225

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

950 S. Winter Park Dr.

Ste 120

Casselberry, FL

32707 USA

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 \$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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KELLY, JAMES P. 1372 PEACHTREE ST., NE, STE. 100 ATLANTA GA 30309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LUNDSTROM, DANNY Y 1372 PEACHTREE ST., NE, STE. 100 ATLANTA GA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LECOUR, SUSAN E 1372 PEACHTREE ST. STE 100 ATLANTA GA 30309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAIGE, HOWARD W. 950 S. WINTER PARK DRIVE, SUITE 120 CASSELBERRY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Kelly, James P. 980-A Marietta St. Atlanta, Ga 30318	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Lundstrom, Danny Y 980-A Marietta St. Atlanta, Ga 30318	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LeCour, Susan E. 980-A Marietta St. Atlanta, Ga 30318	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

Susan LeCour

1/7/2000 (404) 881-6565

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90094 019 \*\*\*150.00

604932



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2175644

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional**  
**Fee Required**