

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F95000005434**

Entity Name

**THE BROTHERS OF GEORGIA, INCORPORATED****FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90031 028 \*\*\*150.00

Principal Place of Business

Mailing Address

**BUFORD HWY., N.E.  
GA 30324-1347****2631 BUFORD HWY., N.E.  
ATLANTA GA 30324-3109**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**58-0619266**

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  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Corporation is eligible to satisfy its intangible  
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****OFFICERS AND DIRECTORS****12.****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

ADDRESS ZIP	NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
PDC DAVIS, JOHN R. 2631 BUFORD HWY., N.E. ATLANTA GA 30324-1347	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP BRINKMAN, JOHN 2631 BUFORD HWY. N.E. ATLANTA GA	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP PARKER, LYLE 2631 BUFORD HWY., N.E. ATLANTA GA	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
S MOODY, SUZIE D 2631 BUFORD HWY., N.E. ATLANTA GA	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
T DAVIS, LISA 2631 BUFORD HWY., N.E. ATLANTA GA	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D PHILLIPS, PAUL R 2631 BUFORD HWY., N.E. ATLANTA GA 30324-1347	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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  
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  
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 #

CR2E034 (9/99)