

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005989

1. Entity Name

ATLANTA MARKET CENTER, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90200 028 ***150.00

708523



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
240 PEACHTREE ST NW #2200 ATLANTA GA 30303	240 PEACHTREE ST NW #2200 ATLANTA GA 30303-1327

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	58-2201031	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301

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
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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	DC	<input type="checkbox"/> Delete
NAME	PORTMAN, JOHN C JR	
STREET ADDRESS	240 PEACHTREE ST NW #2200	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RYAN, JOHN M	
STREET ADDRESS	240 PEACHTREE ST NW #2200	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, A.J.	
STREET ADDRESS	2400 PEACHTREE ST NW #2200	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	S	<input type="checkbox"/> Delete
NAME	PATTON, NEAL	
STREET ADDRESS	240 PEACHTREE ST NW #2200	
CITY-ST-ZIP	ATLANTA GA 30303	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALMQUIST, HENRY G. JR.	
STREET ADDRESS	240 PEACHTREE ST NW #2200	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, ANDREW	
STREET ADDRESS	240 PEACHTREE ST NW SUITE 2200	
CITY-ST-ZIP	ATLANTA GA 30303	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input 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	
CITY-ST-ZIP	
TITLE	<input 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	
CITY-ST-ZIP	
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:		1/21/00	404 226 3065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (9/99)