

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006167

1. Entity Name

MULTI-DEVELOPERS, INC.

APPROVED  
AND  
FILED

00 MAR 22 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2675 PACES FERRY ROAD, NW  
SUITE 450  
ATLANTA GA 30339  
US

2675 PACES FERRY ROAD  
SUITE 450  
ATLANTA GA 30339  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*delete NW only*

*delete NW only*

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1081452

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

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	PD	<input type="checkbox"/> Delete
NAME	WILSON, DEBI T.	
STREET ADDRESS	2675 PACES FERRY ROAD, NW SUITE 450	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHARTON, FAYE M.	
STREET ADDRESS	2675 PACES FERRY ROAD, NW SUITE 450	
CITY-ST-ZIP	ATLANTA GA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HEARING, ELIZABETH B.	
STREET ADDRESS	2675 PACES FERRY ROAD, NW SUITE 450	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, BECKIE B.	
STREET ADDRESS	2675 PACES FERRY ROAD, NW SUITE 450	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAUTON, AMY B.	
STREET ADDRESS	409 MAYFIELD ST.	
CITY-ST-ZIP	SUMMERVILLE SC 29485	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" 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		

*pls delete NW from address only*

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\*\*\*\*606.25 \*\*\*\*\*71.25

*↓*

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:

*Debi T. Wilson* Debi T. Wilson

2/29/00

770-433-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C-12E034 (9/99)