

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000006172

1. Entity Name
WEST ORANGE, INC.

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90001 039 ***550.00

Principal Place of Business
C/O SUTHERLAND, ASBILL & BRENNAN
999 PEACHTREE ST., N.E.
ATLANTA GA 30309

Mailing Address
C/O SUTHERLAND, ASBILL & BRENNAN
999 PEACHTREE ST., N.E.
ATLANTA GA 30309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
40 Robert Anderson Consulting
Suite, Apt. #, etc.
4401 Northside Pkwy, Ste 340
City & State
Atlanta, GA

3. Mailing Address
Robert Anderson Consulting
Suite, Apt. #, etc.
4401 Northside Pkwy, Ste 340
City & State
Atlanta, GA

4. FEI Number **58-1808170** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip **30327** Country **USA** Zip **30327** Country **USA**

6. Name and Address of Current Registered Agent
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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	TITLE	CEO/Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE WAAL, RONALD		NAME	<i>40 Robert Anderson Consulting</i>	
STREET ADDRESS	% 999 PEACHTREE ST. NE, 2300 1ST UNION PLZ		STREET ADDRESS	<i>4401 Northside Pkwy Ste 340</i>	
CITY-ST-ZIP	ATLANTA GA 30309-3996		CITY-ST-ZIP	<i>Atlanta, GA 30327</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, ALFRED G JR		NAME		
STREET ADDRESS	% 999 PEACHTREE ST. NE, 2300 1ST UNION PLZ		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30309-3996		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, WILLIAM R		NAME		
STREET ADDRESS	% 999 PEACHTREE ST. NE, 2300 1ST UNION PLZ		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30309-3996		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, JAMES B		NAME		
STREET ADDRESS	C/O 999 PEACHTREE ST NE STE 2300		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30309		CITY-ST-ZIP		
TITLE	EVPC	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ROBERT L		NAME	<i>40 Robert Anderson Consulting</i>	
STREET ADDRESS	C/O 999 PEACHTREE ST NE STE 2300		STREET ADDRESS	<i>4401 Northside Pkwy Ste 340</i>	
CITY-ST-ZIP	ATLANTA GA 30309		CITY-ST-ZIP	<i>Atlanta, GA 30327</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED** *Robert L. Anderson* 8/1/00 404.949.3158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)