

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90011 045 ***550.00

DOCUMENT # F96000000307

1. Entity Name

C.L. BURKS & ASSOCIATES, INC.

Principal Place of Business

**1845 MACARTHUR BOULEVARD
ATLANTA GA 30318**

Mailing Address

**1845 MACARTHUR BOULEVARD
ATLANTA GA 30318**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2207505

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \$550.00
After September 12, 2001 Fee 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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ERICKSON, DANA R	
STREET ADDRESS	1845 MACARTHUR BOULEVARD	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURKS, SUSAN G	
STREET ADDRESS	1845 MACARTHUR BLVD	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ERICKSON, DANA R	
STREET ADDRESS	1845 MACARTHUR BLVD	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	BURKS, CHARLES L	
STREET ADDRESS	1845 MACARTHUR BLVD	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COVER, RICK C	
STREET ADDRESS	1845 MACARTHUR BLVD	
CITY-ST-ZIP	ATLANTA GA 30318	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOGAN, DAVID L.	
STREET ADDRESS	1845 MAC ARTHUR BOULEVARD	
CITY-ST-ZIP	ATLANTA, GA 30318	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUER, ROBERT J.	
STREET ADDRESS	1845 MAC ARTHUR BOULEVARD	
CITY-ST-ZIP	ATLANTA, GA 30318	
TITLE	PRESIDENT	<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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles L. Burks President 8/2/01 (404) 355-7663

Date

Daytime Phone #

0108351 AT

CR2E034 (5/01)