

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001176

1. Entity Name

REALTY DEVELOPMENT CORPORATION

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90101 001 \*\*\*300.00

Principal Place of Business

Mailing Address

1050 CROWN POINTE PKWY #500  
ATLANTA GA 30338-7702

1050 CROWN POINTE PKWY #500  
ATLANTA GA 30338-7702

2. Principal Place of Business

5555 Glenridge Connector

3. Mailing Address

5555 Glenridge Connector

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 700

Suite 700

City & State

City & State

Atlanta, Georgia

Atlanta, Georgia

Zip

Country

Zip

Country

30342

USA

30342

USA

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

| 11. OFFICERS AND DIRECTORS                         |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DCS<br>LANE, GEORGE H III<br>1050 CROWN POINTE PKWY #500<br>ATLANTA GA 30338-7702 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | 5555 Glenridge Connector<br>Suite 700<br>Atlanta, Georgia 30342 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | CEO<br>LANE, GEORGE H III<br>1050 CROWN POINTE PKWY #500<br>ATLANTA GA 30338-7702 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | " " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>POLLACK, MARC S<br>1050 CROWN POINTE PKWY #500<br>ATLANTA GA 30338-7702 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | " " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>TISE, TIMOTHY E<br>1050 CROWN POINTE PKWY #500<br>ATLANTA GA 30338-7702 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | " " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | ST<br>HARMON, JOYCE B<br>1050 CROWN POINTE PKWY #500<br>ATLANTA GA 30338-7702 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | " " <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)