

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jun 01, 2000 8:00 am
Secretary of State

05-05-2000 90077 050 ***158.75

DOCUMENT # F96000001481

1. Entity Name

SEEFRIED PROPERTIES, INC.

Principal Place of Business

Mailing Address

4200 NORTHSIDE PKWY, 10 N PKWY SQ, NW
ATLANTA GA 30327

4200 NORTHSIDE PKWY, 10 N PKWY SQ, NW
ATLANTA GA 30327-3054

2. Principal Place of Business

3. Mailing Address

same as above

Building 1 (instead of 10)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

same as above

same as above

Zip

Country

Zip

Country

4. FEI Number

58-2150167

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

SPITLER, WILLIAM
%SEEFRIED PROPERTIES
9025 BOGGY CREEK RD #4
ORLANDO FL 32824

Name

Keith Harwell

Street Address (P.O. Box Number is Not Acceptable)

8100 Chancellor Drive, Suite 145

City

Orlando

FL

Zip Code
32809

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]

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

May 25, 2000

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 DP
NAME SEEFRIED, FERDINAND C
STREET ADDRESS 4200 NORTHSIDE PKWY, 10 N PKWY SQ, NW
CITY-ST-ZIP ATLANTA GA 30327 ☐ Delete

TITLE V
NAME RAKUSIN, ROBERT S
STREET ADDRESS 4200 NORTHSIDE PKWY, 10 N PKWY SQ, NW
CITY-ST-ZIP ATLANTA GA 30327 ☐ Delete

TITLE S
NAME HEKERS, BRIGITTE
STREET ADDRESS 4200 NORTHSIDE PKWY, 10 N PKWY SQ, NW
CITY-ST-ZIP ATLANTA GA 30327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2000

Date

404 233-0204

Daytime Phone #

CFR2034 (3/99)