2001 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2001 8:00 am DOCUMENT # F96000002267 **Secretary of State** 1. Entity Name TURNER ASSOCIATES/ARCHITECTS AND PLANNERS, INC. 02-06-2001 90050 018 ***158.75 Principal Place of Business Mailing Address 57 FORSYTH ST., #1300 57 FORSYTH ST., #1300 ATLANTA GA 30303 ATLANTA GA 30303 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 58-1383275 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRPORARON SYSTEM YERGEY, DAVID A JR. Street Address (P.O. Box Number is Not Acceptable) 211 N. MAGNOLIA AVENUE ORLANDO FL 32801 PINE ISLAND ROM 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 DALE W. MORRIS (NOTE: Registered Agent signature required when refined to the state of the state o FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Change ☐ Addition TITLE TITLE HARRIS, OSCAR L JR NAME NAME STREET ADDRESS 2935 BENJAMIN E. MAYS DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30311 Change ☐ Addition TITLE ☐ Delete TITLE NAME GRAVES, JAMES W NAME STREET ADDRESS 1351 N. HIGHLAND AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30306 TITLE TOC TITLE Change Addition ☐ Delete HARRIS, OSCAR L NAME NAME STREET ADDRESS 2935 BENJAMIN E MAYS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30311 TITLE ☐ Delete TITLE [7] Change ☐ Addition MARTIN, MICHAEL NAME NAME 1351 N HIGHLAND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30306 ☐ Delete Change ☐ Addition SCHAEFER, JOSEPH P NAME NAME STREET ADDRESS 1351 N HIGHLAND AVE STREET ADDRESS. CITY-ST-ZIP ATLANTA GA 30306 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: