

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002857

1. Entity Name

901 MAITLAND CENTER INC.

Principal Place of Business

3424 PEACHTREE RD., NE SUITE 800  
ATTN: GAIL KNIGHT  
ATLANTA GA 30326

Mailing Address

3424 PEACHTREE RD., NE SUITE 800  
ATTN: GAIL KNIGHT  
ATLANTA GA 30326

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

C 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

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	RYAN, JAMES P	
STREET ADDRESS	3424 PEACHTREE RD., NE, SUITE 800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V	<input type="checkbox"/> Delete
NAME	FORTH, WILLIAM R	
STREET ADDRESS	3424 PEACHTREE RD., NE, SUITE 800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	T	<input type="checkbox"/> Delete
NAME	WAGGONER, ROBERT-A	
STREET ADDRESS	3424 PEACHTREE RD., NE, SUITE 800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARAG, JERROLD	
STREET ADDRESS	3424 PEACHTREE RD., NE, SUITE 800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCKEAN, THOMAS A	
STREET ADDRESS	3424 PEACHTREE RD., NE, SUITE 800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	NEWARK, DEBBIE J	
STREET ADDRESS	3424 PEACHTREE RD., NE, SUITE 800	
CITY-ST-ZIP	ATLANTA GA 30326	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amber B. Degnan	
STREET ADDRESS	3424 Peachtree Rd., NE, Suite 800	
CITY-ST-ZIP	Atlanta, GA 30326	
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		
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:

*Debbie J. Newmark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debbie J. Newmark

2/6/01

Date

404-848-8600

Daytime Phone #

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90058 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)