

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90153 028 ***150.00

DOCUMENT # F96000005185

1. Entity Name
GABLES GP, INC.

Principal Place of Business
2859 PACES FERRY ROAD, SUITE 1450
ATLANTA GA 30339

Mailing Address
2859 PACES FERRY ROAD, SUITE 1450
ATLANTA GA 30339

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **76-0423105**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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 _____ (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, 2002 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 **P** ☐ Delete
 NAME **WHEELER, CHRIS**
 STREET ADDRESS **6551 PARK OF COMMERCE BLVD, SUITE 100**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **VAS** ☒ Delete
 NAME **CLARK, C J**
 STREET ADDRESS **2859 PACES FERRY ROAD, SUITE 1450**
 CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **VAS** ☐ Delete
 NAME **RAINOSEK, DENNIS E**
 STREET ADDRESS **2859 PACES FERRY ROAD, SUITE 1450**
 CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **VPAS** ☐ Delete
 NAME **SEVERT, DAWN H**
 STREET ADDRESS **2859 PACES FERRY ROAD, SUITE 1450**
 CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **COO** ☐ Delete
 NAME **HEFLEY, MICHAEL M**
 STREET ADDRESS **6551 PARK OF COMMERCE BLVD, SUITE 100**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **VTSC** ☐ Delete
 NAME **BANKS, MARVIN R JR**
 STREET ADDRESS **2859 PACES FERRY ROAD**
 CITY-ST-ZIP **ATLANTA GA 30339**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VP** ☐ Change ☒ Addition
 NAME **Ashley L. Ivester**
 STREET ADDRESS **2859 Paces Ferry Road, Suite 1450**
 CITY-ST-ZIP **Atlanta, GA 30339**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02
 Date

(770) 436-4600
 Daytime Phone #

CR2E034 (9/01)