

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90102 008 \*\*\*\*61.25

**DOCUMENT # F96000006224**

1. Corporation Name

**GLENLAKE FOREST INVESTMENTS, INC.**

Principal Place of Business

**15 PEIDMCNT CENTER  
SUITE 1250  
ATLANTA GA 30305  
US**

Mailing Address

**5 PIEDMONT CENTER, SUITE 310  
SUITE 1250  
ATLANTA GA 30305  
US**



2. Principal Place of Business

**21 15 Piedmont Center**

Suite, Apt. #, etc.

**22 Suite 1250**

City & State

**23 Atlanta, GA**

Zip Country

**24 30305 25 USA**

2a. Mailing Address

**26 15 Piedmont Center**

Suite, Apt. #, etc.

**27 Suite 1250**

City & State

**28 Atlanta, GA**

Zip Country

**29 30305 30 USA**

3. Date incorporated or Qualified

**11/25/1996**

4. FEI Number

**31-1494377**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PT  
NAME TARVER, CHARLES M  
STREET ADDRESS 1250 PIEDMONT CENTER, SUITE 1250  
CITY-ST-ZIP ATLANTA GA 30305**

TITLE ☐ DELETE

**VS  
NAME GRICE, SAMUEL R  
STREET ADDRESS 15 PIEDMONT CENTER, SUITE 1250  
CITY-ST-ZIP ATLANTA GA 30305**

TITLE ☐ DELETE

**D  
NAME CREAMER, JOSE E  
STREET ADDRESS 55 GLENLAKE PARKWAY, NE  
CITY-ST-ZIP ATLANTA GA 30328**

TITLE ☐ DELETE

**D  
NAME SOUPATA, LEA  
STREET ADDRESS 55 GLENLAKE PARKWAY, NE  
CITY-ST-ZIP ATLANTA GA 30328**

TITLE ☐ DELETE

**D  
NAME DAVIS, SCOTT R  
STREET ADDRESS 55 GLENLAKE PKWY NE  
CITY-ST-ZIP ATLANTA GA**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

**15 Piedmont Center, Suite 1250**

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/21/99

Daytime Phone # 404/261-9575

CR2E037 (11/98)

0081076