

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90046 049 ***150.00

DOCUMENT # F96000006799

1. Entity Name

DEWBERRY CAPITAL CORPORATION

Principal Place of Business

~~2849 PACES FERRY RD #350~~
~~ATLANTA GA 30339~~

Mailing Address

~~2849 PACES FERRY RD #350~~
~~ATLANTA GA 30339~~

2. Principal Place of Business

One Peachtree Pk
Suite, Apt. #, etc. *Ste 250*
1545 Peachtree St
City & State
Atlanta GA

3. Mailing Address

One Peachtree Pointe
Suite, Apt. #, etc. *Ste 250*
1545 Peachtree St
City & State
Atlanta GA

Zip

GA 30309

Country

USA

Zip

30309

Country

USA

6. Name and Address of Current Registered Agent

TERRY, WILLIAM J
101 E KENNEDY BLVD #2560
TAMPA FL 33602

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

Douglas G Dewberry
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

01/05/01
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 **DP** ☐ Delete
NAME **DEWBERRY, JOHN K**
STREET ADDRESS ~~**2849 PACES FERRY RD #350**~~
CITY-ST-ZIP ~~**ATLANTA GA 30339**~~

TITLE **VST** ☐ Delete
NAME **DEWBERRY, G DOUGLAS**
STREET ADDRESS ~~**2849 PACES FERRY RD #350**~~
CITY-ST-ZIP ~~**ATLANTA GA 30339**~~

TITLE **V** ☐ Delete
NAME ~~**DANIELS, BRENDA K**~~
STREET ADDRESS **127 PEACHTREE ST NE 16TH FLR, CANDLER BLDG**
CITY-ST-ZIP **ATLANTA GA 30303-1845**

TITLE **V** ☐ Delete
NAME **WHEELER, WARREN O**
STREET ADDRESS **127 PEACHTREE ST NE 16TH FLOOR CANDLER**
CITY-ST-ZIP **ATLANTA GA 30303-1845**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *One Peachtree Pointe Ste 250*
CITY-ST-ZIP *1545 Peachtree St.*
Atlanta GA 30309

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *One Peachtree Pointe, Ste 250*
CITY-ST-ZIP *1545 Peachtree St.*
Atlanta, GA 30309

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

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

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

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:

Douglas G Dewberry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/01 *(404)888-7990*
Date Daytime Phone #

CR2E034 (10/00)

0445407