

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001445

1. Entity Name

GABLES EAST CONSTRUCTION, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90302 028 ***150.00

Principal Place of Business	Mailing Address
2859 PACES FERRY RD., STE. 1450 ATLANTA GA 30339	2859 PACES FERRY RD., STE. 1450 ATLANTA GA 30339-5716

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		58-2091378		Applied For
				Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FISH, DEBORAH L 6551 PARK OF COMMERCE BLVD STE 100 BOCA RATON FL 33487		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROMLEY, MARCUS E 2859 PACES FERRY RD., STE. 1450 ATLANTA GA 30339 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Greg Eaglehart 6551 Park of Commerce Blvd, Ste 100 Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILBER, JOSEPH G 2859 PACES FERRY RD., STE. 1450 ATLANTA GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV BANKS, MARVIN R JR. 2859 PACES FERRY RD., STE. 1450 ATLANTA GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLARK, C. JORDAN 2859 PACES FERRY RD., STE. 1450 ATLANTA GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHEELER, CHRIS 6551 PARK OF COMMERCE BLVD, STE 100 BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Wheeler, Chris
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS SEVERT, DAWN 2859 PACES FERRY RD., STE. 1450 ATLANTA GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Down H. Severt 4-25-00 770-436-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)