

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001623

1. Entity Name

SLEEPY HILL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

1050 CROWN POINTE PKWY.,#500  
ATLANTA GA 30338-7702

1050 CROWN POINTE PKWY.,#500  
ATLANTA GA 30338-7702

2. Principal Place of Business

5555 Glenridge Connector  
Suite, Apt. #, etc.  
700

3. Mailing Address

5555 Glenridge Connector  
Suite, Apt. #, etc.  
700

City & State

Atlanta GA

City & State

Atlanta GA

Zip

30342

Country

Zip

30342

Country

4. FEI Number

58-2302477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDC  
LANE, GEORGE H III  
1050 CROWN POINTE PKWY.,#500  
ATLANTA GA 30338-7702

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
POLLACK, MARC S  
1050 CROWN POINTE PKWY.,#500  
ATLANTA GA 30338-7702

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
HARMON, JOYCE B  
1050 CROWN POINTE PKWY.,#500  
ATLANTA GA 30338-7702

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00  
Date

Daytime Phone #

FILED  
Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90132 035 \*\*\*150.00

00040616



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)