

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000001832**

1. Entity Name

BUCKHEAD AMERICA CORPORATION

Principal Place of Business

Mailing Address

7000 CENTRAL PARKWAY, N.E.
CENTRAL PARK, SUITE 850
ATLANTA GA 303287000 CENTRAL PARKWAY, N.E.
CENTRAL PARK, SUITE 850
ATLANTA GA 30328-4579

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2023732

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **GLICKMAN, DAVID**
STREET ADDRESS **245 PARK AVE 17TH FLOOR**
CITY-ST-ZIP **NY NY 10167**TITLE **D** ☒ Change ☐ Addition
NAME **Glickman, David**
STREET ADDRESS **400 Chester Avenue**
CITY-ST-ZIP **Cleveland, OH 44103**TITLE **D** ☐ Delete
NAME **STERN, WILLIAM K**
STREET ADDRESS **200 E 57TH ST #10F**
CITY-ST-ZIP **NY NY 10022**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **VAN DYKE, STEVEN A**
STREET ADDRESS **777 S HARBOR ISLAND BLVD #270**
CITY-ST-ZIP **TAMPA FL 33602**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DCPT** ☒ Delete
NAME **COLLINS, DOUGLAS C**
STREET ADDRESS **4243 DUNWOODY CLUB DR #200**
CITY-ST-ZIP **ATLANTA GA 30350-5206**TITLE **DCPT** ☒ Change ☐ Addition
NAME **Collins, Douglas C.**
STREET ADDRESS **7000 Central Pkway, NE, Suite 850**
CITY-ST-ZIP **Atlanta, GA 30328**TITLE **VSD** ☒ Delete
NAME **LEE, ROBERT B**
STREET ADDRESS **4243 DUNWOODY CLUB DR #200**
CITY-ST-ZIP **ATLANTA GA 30350-5206**TITLE **VSD** ☒ Change ☐ Addition
NAME **Lee, Robert B.**
STREET ADDRESS **7000 Central Pkway, NE, Suite 850**
CITY-ST-ZIP **Atlanta, GA 30328**TITLE **D** ☒ Delete
NAME **MUNFORD, DAVID**
STREET ADDRESS **11D832 ROCK LANDING RD**
CITY-ST-ZIP **NEWPORT NEWS VA 23606**TITLE **D** ☒ Change ☐ Addition
NAME **Mumford, David**
STREET ADDRESS **11832 Rock Landing Rd., #201**
CITY-ST-ZIP **Newport News, VA 23606**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 C. Collins
President

2/8/2000

770-393-2662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)