

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90082 048 \*\*\*150.00

**DOCUMENT # F97000001832**

1. Entity Name

**BUCKHEAD AMERICA CORPORATION**

Principal Place of Business

**7000 CENTRAL PARKWAY, N.E.  
CENTRAL PARK, SUITE 850  
ATLANTA, GA 30328**

Mailing Address

**7000 CENTRAL PARKWAY, N.E.  
CENTRAL PARK, SUITE 850  
ATLANTA GA 30328**

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

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

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, 2002 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GLICKMAN, DAVID</b>	
STREET ADDRESS	<b>3636 EUCLID</b>	
CITY-ST-ZIP	<b>CLEVELAND OH 44115</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STERN, WILLIAM K</b>	
STREET ADDRESS	<b>200 E 57TH ST #10F</b>	
CITY-ST-ZIP	<b>NY NY 10022</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VAN DYKE, STEVEN A</b>	
STREET ADDRESS	<b>885 THIRD AVENUE 34TH FLOOR</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>	
TITLE	<b>DCPT</b>	<input type="checkbox"/> Delete
NAME	<b>COLLINS, DOUGLAS C</b>	
STREET ADDRESS	<b>7000 CENTRAL PKWY NE #850</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30328</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>LEE, ROBERT B</b>	
STREET ADDRESS	<b>7000 CENTRAL PKWY NE #850</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30328</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MULLINS, JAMES L</b>	
STREET ADDRESS	<b>7000 CENTRAL PKWAY NE STE 850</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30328</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		

CR2E034 (9/01)

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:

**JAMES L. MULLINS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES L. MULLINS**  
**VICE PRES.**

**4-11-2002 770-393-2662**

Date

Daytime Phone #