

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004063

1. Entity Name

WEEKS REALTY SERVICES, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90409 044 \*\*\*150.00

Principal Place of Business

4497 PARK DR.  
NORCROSS GA 30093

Mailing Address

4497 PARK DR.  
NORCROSS GA 30093

2. Principal Place of Business

3950 Shackelford Road

3. Mailing Address

3950 Shackelford Road

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Duluth, GA

City & State

Duluth, GA

Zip

30096

Country

USA

Zip

30096

Country

USA

4. FEI Number

58-2125027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

YERGLER, JON C  
% LOWNDES DROSDICK ET AL  
215 N. EOLA DR  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name  
CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Rd.

City Plantation FL Zip Code 33324

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.

Jeffrey R Graves  
Assistant Secretary

(NOTE: Registered Agent signature required when reinstating)

4/9/01

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 PDC  
NAME SERKBEIL, THOMAS D  
STREET ADDRESS 4497 PARK DR.  
CITY-ST-ZIP NORCROSS GA 30093 ☒ Delete

TITLE V  
NAME STOCKERT, DAVID  
STREET ADDRESS 4497 PARK DR.  
CITY-ST-ZIP NORCROSS GA 30093 ☒ Delete

TITLE ST  
NAME BELDEN, ELIZABETH  
STREET ADDRESS 4497 PARK DR.  
CITY-ST-ZIP NORCROSS GA 30093 ☒ Delete

TITLE DC  
NAME WEEKS, A R JR  
STREET ADDRESS 4497 PARK DR.  
CITY-ST-ZIP NORCROSS GA 30093 ☒ Delete

TITLE D  
NAME ROBINSON, FORREST W  
STREET ADDRESS 4497 PARK DR.  
CITY-ST-ZIP NORCROSS GA 30093 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Gary A. Burk  
STREET ADDRESS 600 East 96th Street, Ste.100  
CITY-ST-ZIP Indianapolis, IN 46240 ☒ Change ☐ Addition

TITLE VPT  
NAME Dennis D. Oklak  
STREET ADDRESS 600 East 96th Street, Ste.100  
CITY-ST-ZIP Indianapolis, IN 46240 ☒ Change ☐ Addition

TITLE VP  
NAME Phillip W. Cobb  
STREET ADDRESS 3950 Shackelford Rd., Ste.300  
CITY-ST-ZIP Duluth, GA 30096 ☒ Change ☐ Addition

TITLE VP  
NAME Robert M. Chapman  
STREET ADDRESS 3950 Shackelford Rd., Ste.300  
CITY-ST-ZIP Duluth, GA 30096 ☒ Change ☐ Addition

TITLE S  
NAME John R. Gaskin  
STREET ADDRESS 3950 Shackelford Rd., Ste.300  
CITY-ST-ZIP Duluth, GA 30096 ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Gaskin

Date

Daytime Phone #

770-717-3226

CR2E034 (10/00)