

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90117 009 \*\*\*550.00

**DOCUMENT # F97000004167**

1. Entity Name  
**BURSON AND SIMPSON LODGE DEVELOPMENT, INC.**

Principal Place of Business  
**168 NORTH JOHNSTON STREET**  
**SUITE 100**  
**DALLAS GA 30132**

Mailing Address  
**168 NORTH JOHNSTON STREET**  
**SUITE 100**  
**DALLAS GA 30132**

2. Principal Place of Business  
**126 Enterprise Path**  
 Suite, Apt. #, etc.  
**Suite 208**  
 City & State  
**Hiram, GA**

3. Mailing Address  
**126 Enterprise Path**  
 Suite, Apt. #, etc.  
**Suite 208**  
 City & State  
**Hiram, GA**

Zip  
**30141**  
 Country  
**USA**

Zip  
**30141**  
 Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2149548**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**KEATING, JOHN K**  
**749 N. GARLAND AVE., #101**  
**ORLANDO FL 32801**

## 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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>PD</b> <b>BURSON, KENNETH L</b> <b>RT 1 BOX 1531</b> <b>CLARKESVILLE GA 30523</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SIMPSON, STEVE</b> <b>168 N. JOHNSTON STREET, SUITE 100</b> <b>DALLAS GA 30132</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SIMPSON, MARY-J</b> <b>168 N. JOHNSTON STREET, SUITE 100</b> <b>DALLAS GA 30132</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Mary-J Simpson  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 30, 2002 (710) 445-0071  
 Date Daytime Phone #

CR2E034 (4/02)