

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90013 041 \*\*\*150.00

0879459

**DOCUMENT # F98000000460**

1. Entity Name

**BREVARD LODGES, INC.**

Principal Place of Business

**5500 LILBURN-STONE MOUNTAIN RD  
 STONE MOUNTAIN GA 30087**

Mailing Address

**5500 LILBURN-STONE MOUNTAIN RD  
 STONE MOUNTAIN GA 30087**

2. Principal Place of Business

**1140 Old Peachtree Rd.**

Suite, Apt. #, etc.

**Suite A**

City & State

**Duluth, GA**

Zip

**30097**

Country

**USA**

3. Mailing Address

**1140 Old Peachtree Rd.**

Suite, Apt. #, etc.

**Suite A**

City & State

**Duluth, GA**

Zip

**30097**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**58-2366448**

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

*Diane A. Clark (Diane A. Clark) STD*

**4-2-01**

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, 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	STD	<input type="checkbox"/> Delete
NAME	CLARK, DIANE A	
STREET ADDRESS	6991 PEACHTREE INDUSTRIAL BLVD STE 400	
CITY-ST-ZIP	NORCROSS GA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARK, CLIFFORD M	
STREET ADDRESS	1140 OLD PEACHTREE RD #A	
CITY-ST-ZIP	DULUTH GA 30096	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	TANT JR, CLYDE R	
STREET ADDRESS	1140 OLD PEACHTREE RD #A	
CITY-ST-ZIP	DULUTH FA 33096	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, DIANE A	
STREET ADDRESS	1140 Old Peachtree Rd Ste A	
CITY-ST-ZIP	Duluth, GA 30097	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, CLIFFORD M	
STREET ADDRESS	1140 Old Peachtree Rd. Ste A	
CITY-ST-ZIP	Duluth, GA 30097	
TITLE	PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANT, CLYDE R JR	
STREET ADDRESS	1140 Old Peachtree Rd., Ste A	
CITY-ST-ZIP	Duluth, GA 30097	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Diane A. Clark (Diane A. Clark)*

**4-2-01**

**770-622-2112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)