

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000667

1. Entity Name

CLAY-FRY PROPERTIES, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90111 010 ***150.00

Principal Place of Business

Mailing Address

RIVERWOOD PKWY
1500
GA 30339

3350 RIVERWOOD PKWY
SUITE 1500
ATLANTA GA 30339-3399

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

62-1204815

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

NRAI SERVICES, INC.
528 E. PARK AVENUE
TALLAHASSEE FL 32301

Name

CT Corporation system

Street Address (P.O. Box Number is Not Acceptable)

8751 W. Broward Blvd

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

(NOTE: Registered Agent signature required when reinstating)

ALLAN FARNELL

ASSISTANT SECRETARY

2-23-00

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 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	PD	<input type="checkbox"/> Delete
NAME	BALLEW, DAVID	
STREET ADDRESS	3350 CUMBERLAND CIR., STE 1500	
CITY-ST-ZIP	ATLANTA GA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STONE, KAREN	
STREET ADDRESS	3350 CUMBERLAND CIR., STE 1500	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> Delete
NAME	BUNTING, MELANIE	
STREET ADDRESS	3350 CUMBERLAND CIR., STE 1500	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUNTING, MELANIE	
STREET ADDRESS	3350 CUMBERLAND CIR., STE 1500	
CITY-ST-ZIP	ATLANTA GA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SCHARFENBERG, HARALD V	
STREET ADDRESS	LEOPOLDSTRASSE 7, 80802, MUECHEN	
CITY-ST-ZIP	FEDER REPUBLIC OF GERMANY	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CUMMINGS JR, J G	
STREET ADDRESS	414 UNION STREET, STE 1600	
CITY-ST-ZIP	NASHVILLE TN	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3350 Riverwood pkwy ste 1500	
STREET ADDRESS	Atlanta, GA 30339	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	Atlanta, GA 30339	
CITY-ST-ZIP		
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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:

Melanie Bunting

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-00 770-618-3502

CR2034 (9/99)