

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001589

1. Entity Name

CONSUMER FINANCIAL NETWORK, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90074 031 ***150.00

Principal Place of Business

Mailing Address

4450 RIVER GREEN PKWY
STE 100
DULUTH GA 30096

4450 RIVER GREEN PKWY
STE 100
DULUTH GA 30096-2549

911920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1776 Peachtree Rd NW

3. Mailing Address

1776 Peachtree Rd NW

Suite, Apt. #, etc.

Suite 700 North Tower

Suite, Apt. #, etc.

Suite 700 North Tower

City & State

Atlanta, GA 30309

City & State

Atlanta, GA 30309

Zip

30309

Country

US

Zip

30309

Country

US

4. FEI Number

58-2289037

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DCEO
ELLIS, U. BERTRAM JR
1180 NORTHMOOR CT.
ATLANTA GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCOO
RAFFAELI, C. CATHLEEN
1795 SHIPPAN AVE
STAMFORD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
SWITZER, JOSEPH F
320 MORNING PINE WAY
ALPHARETTA GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
SANDRY, JAMES V
5373 BLUE IRIS CT
NORCROSS GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ALTENBACH, JAMES S
512 RESTON MILL LN
MARIETTA GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
BOYLSTON, WAYNE
244 UNITY DR
MARIETTA GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

Address ☒ Change ☐ Addition
5 Miller Road
Poundridge, NY 10576

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Handwritten Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-00