

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90084 043 ***150.00

DOCUMENT # F98000001800

1. Entity Name

EAST BAY PROPERTIES, INC. OF GEORGIA

Principal Place of Business

**2300 PEACHFORD RD. #2210
 ATLANTA GA 30338**

Mailing Address

**2300 PEACHFORD RD. #2210
 ATLANTA GA 30338**

2. Principal Place of Business

2299 Perimeter Park Drive

3. Mailing Address

2299 Perimeter Park Drive

Suite, Apt. #, etc.

Suite 150

Suite, Apt. #, etc.

Suite 150

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30341

Country

USA

Zip

30341

Country

USA

4. FEI Number

58-2371850

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

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	ALEXANDER, ANDREW C	
STREET ADDRESS	2300 PEACHFORD RD. #2210	
CITY-ST-ZIP	ATLANTA GA 30338	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	ALEXANDER, PETER C	
STREET ADDRESS	2300 PEACHFORD RD. #2210	
CITY-ST-ZIP	ATLANTA GA 30338	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CHRISTY, JOHN A	
STREET ADDRESS	127 PEACHTREE ST. #1600	
CITY-ST-ZIP	ATLANTA GA 30338	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2299 Perimeter Park Drive, Suite 150	
STREET ADDRESS	Atlanta, GA 30341	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2299 Perimeter Park Drive, Suite 150	
STREET ADDRESS	Atlanta, GA 30341	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Date

770-455-457

Daytime Phone #

CR2E034 (9/01)