

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90005 002 \*\*\*150.00

**DOCUMENT # F98000002166**

1. Entity Name

**MIDTOWN LANIER PARKING, INC.**

Principal Place of Business

Mailing Address

**730 PEACHTREE STREET  
 SUITE 1050  
 ATLANTA GA 30308**

**730 PEACHTREE STREET  
 SUITE 1050  
 ATLANTA GA 30308-1261**

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

**58-2025508**

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

**TAYLOR, JAMES A  
 620 E TWIGGS STREET  
 SUITE 300  
 TAMPA FL 33602**

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  Delete  
 NAME **P ROBISON, MICHAEL J**  
 STREET ADDRESS **730 PEACTREE ST STE 1050**  
 CITY-ST-ZIP **ATLANTA GA 30308**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V WALSH, TIMOTHY J**  
 STREET ADDRESS **2845 REDDING RD.**  
 CITY-ST-ZIP **ATLANTA GA 30319**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V DIGGS, SCOTT**  
 STREET ADDRESS **100 OLD CHEROKEE RD., STE. F 321**  
 CITY-ST-ZIP **LEXINGTON SC 29072**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V MICHOLIC, JAY**  
 STREET ADDRESS **13023 EVEREST AVE.**  
 CITY-ST-ZIP **APPLE VALLEY MN 55124**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T MOUAS, KIM**  
 STREET ADDRESS **4535 OLD ACWORTH-DALLAS RD.**  
 CITY-ST-ZIP **ACWORTH GA 30101**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S LINDQUIST, KEVIN L**  
 STREET ADDRESS **3317 JAMES HARBOR WAY**  
 CITY-ST-ZIP **LAWRENCEVILLE GA 30044**

TITLE  Change  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:

*Kim Mouas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/31/00*  
 Day

*404-881-6076*  
 Daytime Phone #

CR2F034 (9/99)