

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002166

1. Entity Name

MIDTOWN LANIER PARKING, INC.

Principal Place of Business

730 PEACHTREE STREET  
SUITE 1050  
ATLANTA GA 30308

Mailing Address

730 PEACHTREE STREET  
SUITE 1050  
ATLANTA GA 30308

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

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

7. Name and Address of New Registered Agent

Name Michael Shille

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

505 E. Jackson St.

Ste 304

City Tampa

FL

Zip Code

33602

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

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 730 Peachtree St., Ste 1050  
CITY-ST-ZIP Atlanta, GA 30308

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1319 military cutoff Ste 214  
CITY-ST-ZIP Wilmington, NC 28405

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90087 015 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)