

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-03-2001 90087 015 ***150.00

044533

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBISON, MICHAEL J	
STREET ADDRESS	730 PEACTREE ST STE 1050	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	V	<input type="checkbox"/> Delete
NAME	WALSH, TIMOTHY J	
STREET ADDRESS	2845 REDDING RD.	
CITY-ST-ZIP	ATLANTA GA 30319	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIGGS, SCOTT	
STREET ADDRESS	100 OLD CHEROKEE RD., STE. F 321	
CITY-ST-ZIP	LEXINGTON SC 29072	
TITLE	V	<input type="checkbox"/> Delete
NAME	MICHOLIC, JAY	
STREET ADDRESS	13023 EVEREST AVE.	
CITY-ST-ZIP	APPLE VALLEY MN 55124	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOUAS, KIM	
STREET ADDRESS	4535 OLD ACWORTH-DALLAS RD.	
CITY-ST-ZIP	ACWORTH GA 30101	
TITLE	S	<input type="checkbox"/> Delete
NAME	LINDQUIST, KEVIN L	
STREET ADDRESS	3317 JAMES HARBOR WAY	
CITY-ST-ZIP	LAWRENCEVILLE GA 30044	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>730 Peachtree St., Ste 1050</i>	
CITY-ST-ZIP	<i>Atlanta, GA 30308</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>1319 military cutoff Ste 214</i>	
CITY-ST-ZIP	<i>Wilmington, NC 28405</i>	
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 Date Daytime Phone #

00040786



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)