

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004714

1. Entity Name

HOLDER CONSTRUCTION COMPANY OF GEORGIA

Principal Place of Business

Mailing Address

3333 RIVERWOOD PKWY  
SUITE 400  
ATLANTA GA 30339

3333 CUMBERLAND CIRCLE, SUITE 400  
ATLANTA GA 30339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3333 Riverwood Parkway

Suite 400

Atlanta, GA

30339

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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	CEO	<input type="checkbox"/> Delete
NAME	HOLDER, THOMAS M	
STREET ADDRESS	3333 CUMBERLAND CIRCLE, SUITE 400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, DAVID W	
STREET ADDRESS	3333 CUMBERLAND CIRCLE, SUITE 400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	PENDREY, J.C. JR.	
STREET ADDRESS	3333 CUMBERLAND CIRCLE, SUITE 400	
CITY-ST-ZIP	ATLANTA GA 30339	
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		

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	Thomas M. Holder	
STREET ADDRESS	3333 Riverwood Parkway, Suite 400	
CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	David W Miller	
STREET ADDRESS	3333 Riverwood Parkway, Suite 400	
CITY-ST-ZIP	Atlanta, GA 30339	
TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	J.C. Pendrey, Jr	
STREET ADDRESS	3333 Riverwood Parkway, Suite 400	
CITY-ST-ZIP	Atlanta, GA 30339	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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

1-18-00

770-988-3000

Date

Daytime Phone #

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90148 001 \*\*\*300.00



DO NOT WRITE IN THIS SPACE