## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# F98000004714 HOLDER CONSTRUCTION COMPANY OF GEORGIA

Principal Place of Business

Mailing Address

3333 RIVERWOOD PKWY SUITE 400

ATLANTA GA 30339

3333 RIVERWOOD PKWY

SUITE 400

ATLANTA GA 30339

2. Principal Place of Business

Suite, Apt. #, etc.

Zip

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Country

Zip

Country

4. FEI Number

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

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

58-2355606

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

6. Name and Address of Current Registered Agent

City

Mar 26, 2001 8:00 am

**Secretary of State** 

03-26-2001 90211 031 \*\*\*150.00

818171

DO NOT WRITE IN THIS SPACE

Zip Code

\$8.75 Additional

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, typed or printed name of registered agent and title if applicable.

9.=This corporation is eligible to satisfy its Intangible\_

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

After MAY 1, 2001 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Not Applicable

Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CEO Delete ☐ Addition TITLE ☐ Change TITLE HOLDER, THOMAS M NAME NAME 3333 RIVERWOOD PKWY STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30339 Delete TITLE Change ☐ Addition TITLE MILLER, DAVID W NAME NAME 3333 RIVERWOOD PKWY STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30339 **EVP** TITLE TITLE ☐ Change Addition ☐ Delete PENDREY, J.C. JR. NAME NAME 3333 RIVERWOOD PKWY STE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30339 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attact ment and address, with all other like empowered.

SIGNATURE:

YPED OR PRINTED NAMEO ATURE AND

JC Pendrey Jr 3.21.01 SIGNING OFFICER OR DIRECTO

CR2E034 (10/00)