

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90059 047 \*\*\*150.00

**DOCUMENT # F98000004714**

1. Entity Name

**HOLDER CONSTRUCTION COMPANY OF GEORGIA**

Principal Place of Business

**3333 RIVERWOOD PKWY  
SUITE 400  
ATLANTA GA 30339**

Mailing Address

**3333 RIVERWOOD PKWY  
SUITE 400  
ATLANTA GA 30339**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-2355606**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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, 2002 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**  
NAME: **HOLDER, THOMAS M**  
STREET ADDRESS: **3333 RIVERWOOD PKWY STE 400**  
CITY-ST-ZIP: **ATLANTA GA 30339**

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TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
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TITLE: **P**  
NAME: **MILLER, DAVID W**  
STREET ADDRESS: **3333 RIVERWOOD PKWY STE 400**  
CITY-ST-ZIP: **ATLANTA GA 30339**

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TITLE: **EVP**  
NAME: **PENDREY, J.C. JR.**  
STREET ADDRESS: **3333 RIVERWOOD PKWY STE 400**  
CITY-ST-ZIP: **ATLANTA GA 30339**

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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

770-988-3000

CR2E034 (9/01)