

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004967

1. Entity Name

CENTENNIAL EMPLOYEE MANAGEMENT CORPORATION

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90276 001 \*\*\*450.00

Principal Place of Business Mailing Address  
 400 PERIMETER CENTER TERRACE, SUITE 650 400 PERIMETER CENTER TERRACE, SUITE 650  
 ATLANTA GA 30346 ATLANTA GA 30346-1266

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-2081618

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, 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 PTC ☐ Delete  
 NAME EATON, J. S  
 STREET ADDRESS 400 PERIMETER CENTER TERRACE, SUITE 650  
 CITY-ST-ZIP ATLANTA GA 30346

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

TITLE V ☐ Delete  
 NAME DAHL, ALAN C  
 STREET ADDRESS 400 PERIMETER CENTER TERRACE, SUITE 650  
 CITY-ST-ZIP ATLANTA GA 30346

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

TITLE S ☐ Delete  
 NAME QUIROS, PAUL A  
 STREET ADDRESS 191 PEACHTREE STREET NE  
 CITY-ST-ZIP ATLANTA GA 30303

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

TITLE AS ☐ Delete  
 NAME BENNETT, LISA A  
 STREET ADDRESS 400 PERIMETER CENTER TERRACE, SUITE 650  
 CITY-ST-ZIP ATLANTA GA 30346

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

TITLE AS ☐ Delete  
 NAME COSBY, TRACEY C  
 STREET ADDRESS 400 PERIMETER CENTER TERRACE, SUITE 650  
 CITY-ST-ZIP ATLANTA GA 30346

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

TITLE ☐ Delete  
 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:

*Tracey C. Cosby*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 770/698-9040  
 Date Daytime Phone #

CR2E034 (9/99)