

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001126

1. Entity Name

GROUP VI CORPORATION OF GEORGIA

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90034 043 ***150.00

Principal Place of Business

Mailing Address

1231 EAGLES LANDING PARKWAY, STE. C
STOCKBRIDGE GA 30281

1231 EAGLES LANDING PARKWAY, STE. C
STOCKBRIDGE GA 30281-5013

2. Principal Place of Business

3. Mailing Address

900 Westpark Drive

900 Westpark Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State

City & State

Peachtree City, GA

Peachtree City, GA

Zip

Country

Zip

Country

30269

USA

30269

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEAD, MICHAEL W ATTY.
24 WALTER MARTIN RD., STE. 3
FT. WALTON BEACH FL 32548

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	CD	<input type="checkbox"/> Delete
NAME	WILLIAMSON, RONALD K	
STREET ADDRESS	1231 EAGLES LANDING PKWY.	
CITY-ST-ZIP	STOCKBRIDGE GA 30281	
TITLE	CPSD	<input type="checkbox"/> Delete
NAME	PACE, JAMES I JR.	
STREET ADDRESS	1231 EAGLES LANDING PARKWAY, STE. C	
CITY-ST-ZIP	STOCKBRIDGE GA 30281	
TITLE	VT	<input type="checkbox"/> Delete
NAME	WILLIAMSON, MARK J	
STREET ADDRESS	1231 EAGLES LANDING PARKWAY, STE. C	
CITY-ST-ZIP	STOCKBRIDGE GA 30281	
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	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williamson, Ronald K	
STREET ADDRESS	900 WestPark Drive	
CITY-ST-ZIP	Peachtree City, GA 30269	
TITLE	CPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pace, James I Jr.	
STREET ADDRESS	900 WestPark Drive	
CITY-ST-ZIP	Peachtree City, GA 30269	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williamson, Mark J.	
STREET ADDRESS	900 WestPark Drive	
CITY-ST-ZIP	Peachtree City, GA 30269	
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		
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:

Mark J. Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/00 (770) 389-9100

CR2E034 (9/99)