

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003710

1. Entity Name

GLENLAKE FINANCIAL CORP.

Principal Place of Business

55 GLENLAKE PARKWAY NE
ATLANTA GA 30328

Mailing Address

55 GLENLAKE PARKWAY NE
ATLANTA GA 30328-3474

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE NAME	PD HITCHCOX, WILLIAM C	<input type="checkbox"/> Delete
STREET ADDRESS	570 VALLEY HALL DR.	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE NAME	D BERNABUCCCI, ROBERT J	<input type="checkbox"/> Delete
STREET ADDRESS	625 KENSINGTON FARMS DR.	
CITY-ST-ZIP	ALPHARETTA GA 30004	
TITLE NAME	S HARRISON, CATHERINE-B	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	421 SUPERIOR AVE.	
CITY-ST-ZIP	DECATUR GA 30030	
TITLE NAME	VTD MOUNTS, L. DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3925 RIVER LANDING WAY	
CITY-ST-ZIP	ATLANTA GA 30350	
TITLE NAME	D BEYSTEHRER, JOHN J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1023 CHERBURY LN	
CITY-ST-ZIP	ALPHARETTA GA 30022	
TITLE NAME	ASAT AGRESTA, MAURICE M	<input type="checkbox"/> Delete
STREET ADDRESS	10265 BRIER MILL CT.	
CITY-ST-ZIP	ALPHARETTA GA 30022	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	V Michael D. Plourde	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	55 Glenlake Pkwy NE	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE NAME	S Phillip W. Chritton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	55 Glenlake Pkwy NE	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE NAME	T Michael G. Bryant	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	55 Glenlake Pkwy NE	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE NAME	AT Eugene A. Pica	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	55 Glenlake Pkwy NE	
CITY-ST-ZIP	Atlanta, GA 30328	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Eugene A. Pica
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-5-00 (404)828-6093
Daytime Phone #

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90128 044 ***150.00



DO NOT WRITE IN THIS SPACE