

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 NOV 14 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

Avana Communications Corporation

Principal Place of Business

Mailing Address

REINSTATEMENT 2000

2. Principal Place of Business

3. Mailing Address

1690 Chantilly Drive

1690 Chantilly Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30324

Country

USA

Zip

30324

Country

USA

4. FEI Number

84-1110469

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NATIONAL REGISTERED AGENTS INC
526 East Park Avenue
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name

NRAI SERVICES INC

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

526 E. PARK AVENUE

City

Tallahassee

FL

Zip Code

32301

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

Ed Hand - Asst. Secretary

11/14/01

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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	President	<input type="checkbox"/> Delete
NAME	James M. Blanchard	
STREET ADDRESS	1690 Chantilly Drive	
CITY-ST-ZIP	Atlanta, GA 30324	
TITLE	V.P. Finance	<input type="checkbox"/> Delete
NAME	James C. Foregger	
STREET ADDRESS	1690 Chantilly Drive	
CITY-ST-ZIP	Atlanta, GA 30324	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300003398913--5	
CITY-ST-ZIP	-09/20/00--01029--014	
	*****35.00 *****35.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300003398913--5	
CITY-ST-ZIP	-11/21/00--01083--001	
	*****723.25 *****723.25	
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		
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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 1.19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Blanchard

Date

Daytime Phone #

(678) 222-3030

CR2E034 (5/00)