

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004821

1. Entity Name

BELLSOUTH CREDIT AND COLLECTIONS MANAGEMENT, INC

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90053 004 ***150.00

Principal Place of Business Mailing Address
C/O LEIGH ANN DOLAN C/O LEIGH ANN DOLAN
675 WEST PEACHTREE STREET, N.E., STE. 4300 675 WEST PEACHTREE STREET, N.E., STE. 4300
ATLANTA GA 30375 ATLANTA GA 30375-0001

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2491049

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 PD ☐ Delete
NAME SMITH, ARTHUR T
STREET ADDRESS 675 W. PEACHTREE ST., N.E.
CITY-ST-ZIP ATLANTA GA 30375

TITLE Assistant Secretary ☐ Change ☒ Addition
NAME Leigh Ann Dolan
STREET ADDRESS 675 West Peachtree St., NE, Suite 4300
CITY-ST-ZIP Atlanta, GA 30375

TITLE V ☐ Delete
NAME PYRON, JOHN
STREET ADDRESS 675 W. PEACHTREE ST., N.E.
CITY-ST-ZIP ATLANTA GA 30375

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

TITLE V ☐ Delete
NAME HUNNICUTT, CHARLES
STREET ADDRESS 1057 LENOX PARK BLVD.
CITY-ST-ZIP ATLANTA GA 30319

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

TITLE V ☐ Delete
NAME MORTON, CLAUDE P
STREET ADDRESS 3535 COLONNADE PARKWAY, ROOM S611
CITY-ST-ZIP BIRMINGHAM AL 35243

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

TITLE VS ☒ Delete
NAME DOLAN, LEIGH ANN
STREET ADDRESS 675 WEST PEACHTREE STREET, N.E.
CITY-ST-ZIP ATLANTA GA 30375

TITLE VS ☐ Change ☒ Addition
NAME Harry Lightsey
STREET ADDRESS 675 West Peachtree St., NE, Suite 4300
CITY-ST-ZIP Atlanta, GA 30375

TITLE T ☐ Delete
NAME PITTMAN, JAMES L
STREET ADDRESS 1155 PEACHTREE STREET
CITY-ST-ZIP ATLANTA GA 30309

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:

Leigh Ann Dolan

Leigh Ann Dolan

3/1/2000

(404)335-0719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)