

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F99000004821**

1. Entity Name

BELLSOUTH CREDIT AND COLLECTIONS MANAGEMENT, INC

Principal Place of Business

**C/O LEIGH ANN DOLAN
675 W PEACHTREE STREET, N.E., STE. 4300
ATLANTA GA 30375**

Mailing Address

**C/O LEIGH ANN DOLAN
675 W PEACHTREE STREET, N.E., STE. 4300
ATLANTA GA 30375**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2491049

Applied For

Not Applicable

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, 2002 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 **AS** ☐ Delete
NAME **DOLAN, LEIGH A**
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 **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 **CEOP** ☐ Delete
NAME **SMITH, ARTHUR T**
STREET ADDRESS **3535 COLONNADE PKWY**
CITY-ST-ZIP **BIRMINGHAM AL 35243**

TITLE **William H. Beard, CEOP** ☒ Change ☐ Addition
NAME
STREET ADDRESS **675 West Peachtree St. #29K61**
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 **James N. Young, Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1155 Peachtree St. #14D03**
CITY-ST-ZIP **Atlanta, GA 30309**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Leigh Ann Dolan

Assistant Secretary

01/09/02

404 335-0703

Date

Daytime Phone #

FILED
Jan 18, 2002 8:00 am
Secretary of State

01-18-2002 90001 039 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)