

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000006302**

1. Entity Name

R.S. ANDREWS OF STUART II, INC.**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90238 017 ***150.00

Principal Place of Business

**3000 SE WAKER ST
STUART FL 34997
US**

Mailing Address

**3510 DEKALB TECHNOLOGY PARKWAY
ATLANTA GA 30340**

2. Principal Place of Business

3102 S.E. Jay Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Zip

34997

Country

USA

Zip

Country

4. FEI Number

58-2505563

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

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

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, 2001 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 **PCD** ☒ Delete
NAME **ANDREWS, R. STEPHEN**
STREET ADDRESS **3510 DEKALB TECHNOLOGY PARKWAY**
CITY-ST-ZIP **ATLANTA GA 30340**TITLE **President & CEO** ☐ Change ☒ Addition
NAME **Frank M. Chamberlain**
STREET ADDRESS **3510 DeKalb Technology Pkwy**
CITY-ST-ZIP **Atlanta, GA 30340**TITLE **COO** ☒ Delete
NAME **HAMILTON, JAMES J**
STREET ADDRESS **3510 DEKALB TECHNOLOGY PARKWAY**
CITY-ST-ZIP **ATLANTA GA 30340**TITLE **CFO** ☐ Change ☒ Addition
NAME **Charles L. Cansler**
STREET ADDRESS **3510 DeKalb Technology Pkwy**
CITY-ST-ZIP **Atlanta, GA 30340**TITLE **SCLO** ☐ Delete
NAME **TRAMONTE, JAMES A**
STREET ADDRESS **3510 DEKALB TECHNOLOGY PARKWAY**
CITY-ST-ZIP **ATLANTA GA 30340**TITLE **Director** ☐ Change ☒ Addition
NAME **John J. DeStefano**
STREET ADDRESS **1201 Walnut Street**
CITY-ST-ZIP **Kansas City, MO 64106**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

James A. Tramonte, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Tramonte

Date

770-454-4629

Daytime Phone #

CR2E034 (10/00)