2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F99000006665 LUCAS ASSOCIATES, INC. Mailing Address Principal Place of Business 3384 PEACHTREE ROAD, SUITE 700 3384 PEACHTREE ROAD, SUITE 700 ATLANTA GA 30326 ATLANTA GA 30326 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Country

C T CORPORATION SYSTEM

PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD

9. This corporation is eligible to satisfy its Intangible

ATLANTA GA 30326

ATLANTA GA 30326

BRUNO, RICHARD M

ATLANTA GA 30326

Tax filing requirement and elects to do so.

LUCAS, ART

LUCAS, LINDA

VCF0

(See criteria on back)

PD

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

3384 PEACHTREE ROAD, SUITE 700

3384 PEACHTREE ROAD, SUITE 700

3384 PEACHTREE ROAD, SUITE 700

OFFICERS AND DIRECTORS

Zip

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12.

TITLE

NAME

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

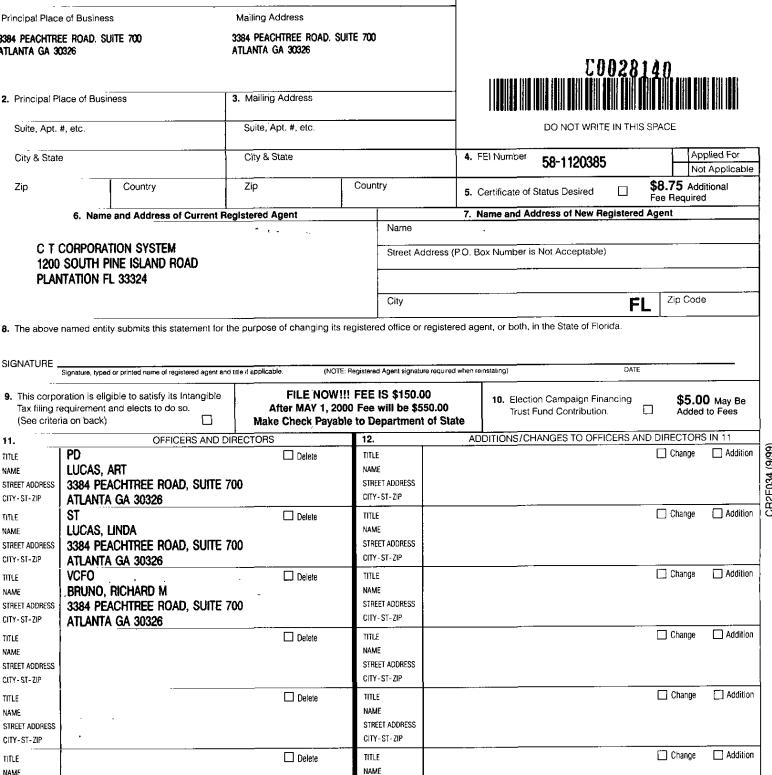
CITY-ST-ZIP

Name

City

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

03-08-2000 90016 011 ***150.00



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

CITY-ST-ZIP

SIGNATURE:

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

OFFICER OR DIRECTOR