

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000006696**

1. Entity Name

**USI MULTIFAMILY GROUP, INC.****FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90201 001 \*\*\*300.00

0445080

Principal Place of Business  
6290 MCDONOUGH DRIVE, SUITE I  
NORCROSS GA 30093

Mailing Address  
6290 MCDONOUGH DRIVE, SUITE I  
NORCROSS GA 30093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*SEE ABOVE*  
Suite, Apt. #, etc.

3. Mailing Address  
*SEE ABOVE*  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2409536** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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	TITLE	
NAME	ANDERSON, MICHAEL H	NAME	
STREET ADDRESS	6290 MCDONOUGH DRIVE, SUITE I	STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30093	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	ANDERSON, ANTHONY	NAME	
STREET ADDRESS	6290 MCDONOUGH DRIVE, SUITE I	STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30093	CITY-ST-ZIP	
TITLE	CFO	TITLE	
NAME	SULLIVAN, PATRICIA L	NAME	
STREET ADDRESS	6290 MCDONOUGH DRIVE, SUITE I	STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30093	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	MOTTERN, ROBERT J	NAME	
STREET ADDRESS	2300 NORTHLAKE CENTRE DRIVE, SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	TUCKER GA 30084	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SKAUG, PER H	NAME	
STREET ADDRESS	6290 MCDONOUGH DRIVE, SUITE I	STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30093	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	JOHNS, CRAIG P	NAME	
STREET ADDRESS	5595 ERROL PLACE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30327	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Per Skaug*

Date

Daytime Phone #

4/25/1 (770) 242-2565

CR2E034 (10/00)