

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K91711

1. Entity Name

FIRST GREENFIELD CORP.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90091 024 \*\*\*150.00

Principal Place of Business

Mailing Address

% TMW REAL ESTATE MANAGEMENT, INC.  
5500 INTERSTATE N. PARKWAY, SUITE 220  
ATLANTA GA 30328-4662

% TMW REAL ESTATE MANAGEMENT, INC.  
5500 INTERSTATE N. PARKWAY, SUITE 220  
ATLANTA GA 30328-4662



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Two Ravinia Drive

Two Ravinia Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

Suite 400

City & State

City & State

Atlanta, Georgia

Atlanta, Georgia

Zip  
30346-2104

Country  
USA

Zip  
30346-2104

Country  
USA

4. FEI Number  
65-0126708

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  
C/O 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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
CAMPBELL, KENNETH A  
5500 INTERSTATE NO PKWY S220  
ATLANTA GA ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
WALL, FAYE J  
5500 INTERSTATE NO PKWY S220  
ATLANTA GA ☐ Delete

TITLE  
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☐ Change ☐ Addition

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:

*Kenneth A. Campbell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/00

770-481-3000

CR2E034 (9/99)