

# 2000 UNIFORM BUSINESS REPORT (UBR)

0016665 AF

DOCUMENT # L98000000711

1. Entity Name  
WRIGHT HOLDER WATTS, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 AM 11:56

|   |   |
|---|---|
| Principal Place of Business<br>1230 FAIRVIEW LANE<br>RIVIERA BEACH FL 33404 | Mailing Address<br>540 POWDER SPRINGS ST., STE 27-E<br>MARIETTA GA 30064-3562 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|



DO NOT WRITE IN THIS SPACE

|              |              |                             |  |
|--------------|--------------|-----------------------------|--|
| City & State | City & State | 4. FEI Number<br>65-0844005 | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                         | Country  |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br>DIAMOND, LAWRENCE J<br>ACKERMAN, LINK & SARTORY PA<br>222 LAKEVIEW AVE., STE 1250<br>WEST PALM BEACH FL 33401 | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City FL Zip Code |
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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<br>Signature, typed or printed name of registered agent and title if applicable.                   | (NOTE: Registered Agent signature required when reinstating) | DATE |
| <p align="center"><b>FILE NOW!!! FEE IS \$50.00</b><br/><b>Make Check Payable to Department of State</b></p> |  |      |

| 9. MANAGING MEMBERS / MEMBERS                  |  | 10. ADDITIONS / CHANGES                        |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>RVJ CORP.<br>2300 PEACHTREE ROAD, SUITE 1127<br>ATLANTA GA 30338 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>Watts, Larry V.<br>540 Powder Springs St. Suite 27-E<br>Marietta, GA 30064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HOLDER, DOUGLAS A JR.<br>8560 EGRET LAKES LANE<br>WEST PALM BEACH FL 33412 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br>nf 3/20/00 <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br><input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 7000003178247--0<br>-03/21/00--01098--007<br>*****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br><input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br><input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br><input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <br><br><br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition   |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

|                |   |                  |                                 |
|----------------|---|------------------|---------------------------------|
| SIGNATURE:<br> | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER<br>Larry V. Watts | Date<br>3-2-2000 | Daytime Phone #<br>770-422-1308 |
|----------------|---|------------------|---------------------------------|

CR2E083 (9/99)