

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

M00000000589
Hewett Bayou, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3343 Peachtree Road, NE

3. Mailing Address

3343 Peachtree Road, NE

Suite, Apt. #, etc.

Suite 1600

Suite, Apt. #, etc.

Suite 1600

City & State

Atlanta, Georgia

City & State

Atlanta, Georgia

Zip

30326

Country

USA

Zip

30326

Country

USA

4. FEI Number

59-3636264

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 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. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
John G. Morris
Ste. 1600, 3343 Peachtree Road
Atlanta, GA 30326 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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10. ADDITIONS/CHANGES

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

John G. Morris

7/9/01

404-504-7626

Date

Daytime Phone #

FILED

01 JUL 16 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E083 (11/00)