

2001. UNIFORM BUSINESS REPORT (UBR)

162
002427
AT

DOCUMENT # M00000001040

1. Entity Name
CONSTANGY, BROOKS & SMITH, LLC

FILED

01 JUN 21 AM 11:41

Principal Place of Business
230 PEACHTREE STREET. NW. SUITE 2400
ATLANTA GA 30303-1557

Mailing Address
230 PEACHTREE STREET. NW. SUITE 2400
ATLANTA GA 30303-1557

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-0616335

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALFITANO, MICHAEL D ESQ.
100 WEST KENNEDY BLVD., SUITE 500
TAMPA FL 33602

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
See Attached List

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete
PLEASE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
688804451176-0
-06/23/01--01816-018
*****50.00 *****50.00

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

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

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

TITLE
NAME
STREET ADDRESS
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)(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:

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

Date

Daytime Phone #

[Signature] Controller 430-01 404-525-8611

CR2E083 (11/00)

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State of Florida
Uniform Business Report (UBR)
Name and address of current voting members of Executive Committee

Lee E. Boeke, Esquire Chairman

Neil H. Wasser, Esquire

Frank B. Shuster, Esquire

Carol Sue Nelson, Esquire

William A. Blue, Esquire

Patrick R. Tyson, Esquire

W. Randy Loftis, Esquire

Business address for all the above managing members

230 Peachtree Street, N.W.
Suite 2400
Atlanta, GA 30303-1557