

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90242 030 \*\*\*\*50.00

**DOCUMENT # M00000001040**

1. Entity Name

**CONSTANGY, BROOKS & SMITH, LLC**

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**58-0616335**

Applied For

☒ Not Applicable

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 BOEKE, LEE E ESQ.  
 230 PEACHTREE STREET, NW, SUITE 2400  
 ATLANTA GA 30303-1557** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 RANDY LOFTES  
 230 Peachtree Street #2400  
 ATLANTA GA 30303-1557** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 WASSER, NEIL H ESQ.  
 230 PEACHTREE STREET, NW, SUITE 2400  
 ATLANTA GA 30303-1557** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 SHUSTER, FRANK B ESQ.  
 230 PEACHTREE STREET, NW, SUITE 2400  
 ATLANTA GA 30303-1557** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 NELSON, CAROL SUE  
 230 PEACHTREE STREET, NW, SUITE 2400  
 ATLANTA GA 30303-1557** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 BLUE, WILLIAM A  
 230 PEACHTREE STREET, NW, SUITE 2400  
 ATLANTA GA 30303-1557** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 TYSON, PATRICK R  
 230 PEACHTREE STREET, NW, SUITE 2400  
 ATLANTA GA 30303-1557** ☐ Delete

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:**  **James B. Gillespie, Exec Adm & CFO** 4/2/02 404-525-8622  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)