

2001 UNIFORM BUSINESS REPORT (UBR)

0024078 AF

DOCUMENT # M97000000826

1. Entity Name

SOUTHERN PROPERTY INVESTORS OF GEORGIA, LLC

FILED

W 3/29

01 MAR 26 PM 12:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

4320 ROSWELL ROAD. N.E.
ATLANTA GA 30342

Mailing Address

4320 ROSWELL ROAD. N.E.
ATLANTA GA 30342

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2345149

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

SHAW, RALPH
% SYKLINE REALTY SERVICES
601 RIVERSIDE AVE., BUILDING 2, #650
JACKSONVILLE FL 32204

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CURRY, RONALD W
4320 ROSWELL ROAD, N.E.
ATLANTA GA 30342 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HENDERSON, WILLIAM O
4320 ROSWELL ROAD, N.E.
ATLANTA GA 30342 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1000039321 ☐ Change ☐ Addition
-03/30/01-01095-008
*****50.00 *****50.00

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

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☐ 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 #

1/22/01

404-252-3750

CR2E083 (11/00)