

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000066

1. Entity Name

GREAT ATLANTIC NEWS L.L.C.

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90139 047 \*\*\*\*50.00

Principal Place of Business

5335 FULTON INDUSTRIAL BLVD.  
ATLANTA GA 30336-2401

Mailing Address

~~100 N. TRYON ST., STE. 4200~~  
ATTN: JOLENE BEATY  
CHARLOTTE NC ~~28202-4000~~

2. Principal Place of Business

3. Mailing Address

214 N. Tryon Street, 47th Floor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn.: Jolene Beaty

City & State

City & State

Charlotte, NC

Zip

Country

Zip

Country

28202

4. FEI Number 52-2069613

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

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR  
NAME COOKE, MICHAEL B  
STREET ADDRESS 4259 PIPER GLEN DR.  
CITY-ST-ZIP CHARLOTTE NC 28277 ☐ Delete

TITLE NAME ☒ Change ☐ Addition  
NAME 3047 Lenox Road, Unit 2304  
STREET ADDRESS Atlanta, GA 30324  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE NAME MGR  
NAME OLSON, PETER  
STREET ADDRESS 802 CHESWICH CT.  
CITY-ST-ZIP MARIETTA GA 30067 ☐ Delete

TITLE NAME ☐ Change ☒ Addition  
NAME Jim McAleer  
STREET ADDRESS 535 Francis Point  
CITY-ST-ZIP Duluth, GA 30097 ☐ Change ☐ Addition

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

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

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

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

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CITY-ST-ZIP

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

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:

*Michael B. Cooke*  
Michael B. Cooke

8/14/2002

404/691-2800

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

Date

Daytime Phone #

CR2E083 (4/02)