

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 20 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000079

1. Entity Name  
HARDIN CAPITAL, L.L.C.

Principal Place of Business  
3715 NORTHSIDE PKWY. BLDG. 100  
SUITE 250  
ATLANTA GA 30327

Mailing Address  
3715 NORTHSIDE PKWY. BLDG. 100  
SUITE 250  
ATLANTA GA 30327-2806



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*3715 Northside Parkway*

3. Mailing Address  
*3715 Northside Parkway*

Suite, Apt. #, etc.  
*Bldg 400 Suite 200*

Suite, Apt. #, etc.  
*Bldg 400 Suite 200*

City & State  
*Atlanta, GA*

City & State  
*Atlanta, GA*

4. FEI Number  
58-2259309

Applied For  
Not Applicable

Zip  
*30327*

Zip  
*30327*

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

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME	MGRM BARROW, M. BRANTLEY	<input type="checkbox"/> Delete
STREET ADDRESS	3823 CLIFF CREST DRIVE	
CITY-ST-ZIP	SMYRNA GA 30080	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200003335252-5	
CITY-ST-ZIP	-07/25/00--01060--029	
	***100.00	***50.00
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Robert Clark 6/14/00 404-264-3524  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)