

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001286

1. Entity Name

GENERAL AMERICAN CONSULTEC, LLC

Principal Place of Business

9040 ROSWELL ROAD
SUITE 700
ATLANTA GA 30350

Mailing Address

9040 ROSWELL ROAD
SUITE 700
ATLANTA GA 30350

2. Principal Place of Business

3. Mailing Address

2828 N. Haskell Ave. fl 10

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Dallas, Texas 75204

4. FEI Number

58-2479287

Applied For

Not Applicable

Zip

Country

Zip

Country

75204

USA

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

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME ARNOLD, GARY J
STREET ADDRESS 9040 ROSWELL ROAD STE 700
CITY-ST-ZIP ATLANTA GA 30350

TITLE Manager ☒ Change ☐ Addition
NAME Harvey Braswell
STREET ADDRESS 2828 N. Haskell Ave. fl 8
CITY-ST-ZIP Dallas Texas 75204

TITLE MGR ☒ Delete
NAME WINER, WARREN J
STREET ADDRESS 9040 ROSWELL ROAD STE 700
CITY-ST-ZIP ATLANTA GA 30350

TITLE MGR ☒ Change ☐ Addition
NAME Gray Arnold
STREET ADDRESS 9040 Roswell Road Ste 700
CITY-ST-ZIP Dallas TX 75204

TITLE MGR ☒ Delete
NAME SCHULTZ, WALTER T
STREET ADDRESS 9040 ROSWELL ROAD STE 700
CITY-ST-ZIP ATLANTA GA 30350

TITLE MGR ☐ Change ☒ Addition
NAME Donna Turman
STREET ADDRESS 2828 N. Haskell Ave. Fl 10
CITY-ST-ZIP Dallas TX 75204

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 *Donna Turman* On behalf of Sole Member
Asst. Secretary of ACS Enterprise Solutions, Inc. 7/17/2000 214-841-6197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

ACs
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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