

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001525

1. Entity Name

SIMONE CENTRAL NATIONAL, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 27 AM 11:02

Principal Place of Business

6600 POWERS FERRY ROAD
ATLANTA GA 30339

Mailing Address

6600 POWERS FERRY ROAD
ATLANTA GA 30339

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

58-2269501

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

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

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

8/29/00

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR SC HOLDING, INC. ☐ Delete
STREET ADDRESS 6600 POWERS FERRY ROAD
CITY-ST-ZIP ATLANTA GA 30339

TITLE NAME MGRM O'DONNELL, BARRETT C ☒ Delete
STREET ADDRESS 6600 POWERS FERRY ROAD
CITY-ST-ZIP ATLANTA GA 30339

TITLE NAME MGRM HOROVITZ, REID ☒ Delete
STREET ADDRESS 6600 POWERS FERRY ROAD
CITY-ST-ZIP ATLANTA GA 30339

TITLE NAME MGRM HARE, GEORGE M ☒ Delete
STREET ADDRESS 6600 POWERS FERRY ROAD
CITY-ST-ZIP ATLANTA GA 30339

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Change ☒ Addition
NAME Bruce Dewey
STREET ADDRESS 6600 Powers Ferry Rd.
CITY-ST-ZIP Atlanta, GA 30339

TITLE NAME MGRM ☐ Change ☒ Addition
NAME Ana M. McGary
STREET ADDRESS 6600 Powers Ferry Rd.
CITY-ST-ZIP Atlanta, GA 30339

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

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

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

TITLE NAME ☐ Change ☐ 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:

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

Date

Daytime Phone #

SIGNATURE REQUIRED Ana McGary 8/29/00

CR2E083 (5/00)