

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **N12377**

1. Entity Name

**PARKVIEW AT PEMBROKE POINTE CONDOMINIUM ASSOCIAT****FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

09-21-2001 90001 040 \*\*\*\*61.25

Principal Place of Business

**CENTENNIAL TOWER**  
**101 MARIETTA ST SUITE 3600**  
**ATLANTA GA 30303**

Mailing Address

**CENTENNIAL TOWER**  
**101 MARIETTA ST SUITE 3600**  
**ATLANTA GA 30303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **58-2462656**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KTG&S REGISTERED AGENT CORPORATION**  
**100 SE 2ND STREET**  
**28TH FLOOR**  
**MIAMI FL 33131**

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 \$61.25**  
**After September 12, 2001, min. will be \$236.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	GRIFFITH, MARK A	101 MARIETTA ST #3600	ATLANTA GA 30303	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	BRIGGS, MARK T	101 MARIETTA ST #3600	ATLANTA GA 30303	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	FIELDS, LYNN	101 MARIETTA ST #3600	ATLANTA GA 30303	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

9/14/01

404-874-8100

0016051

CR2037 (5/01)