

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16703

1. Entity Name

PARKWAY CENTER MERCHANTS ASSOCIATION, INC.

FILED

May 19, 2000 8:00 am
Secretary of State

05-19-2000 90047 012 ****61.25

80083608

DO NOT WRITE IN THIS SPACE

Principal Place of Business
1777 N.E. Expressway
Suite 145
Atlanta, GA 30329
US

Mailing Address
1777 N.E. Expressway
Suite 145
Atlanta GA 30029
US

2. Principal Place of Business
c/o Atlas Partners LLC

3. Mailing Address
c/o Atlas Partners

Suite, Apt. #, etc.
55 E. Monroe, #1890

Suite, Apt. #, etc.
55 E. Monroe, #1890

City & State
Chicago, IL

City & State
Chicago, IL

4. FEI Number
36-4357086
Applied For
Not Applicable

Zip
60603
Country
USA

Zip
60603
Country
USA

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

Dale, Howard
200 W. Forsyth Street
Suite 1100
Jacksonville, FL 32202

Name
Michael A. Altes, Attorney at Law
Street Address (P.O. Box Number is Not Acceptable)
4465 Woodmere Street
City
Jacksonville FL Zip Code
32210

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  *Michael A. Altes* 3-23-00
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

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	SD Rolling, Shawn 1233 Apalachee Pkwy Tallahassee, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sulzbacher, William M 8130 Baymeadows Way W Jacksonville FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shure, Hillary 1777 NE Expressway Atlanta, GA 30329	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andrea Carroll, The Sembler Co. 2127 Old Bainbridge Rd. Tallahassee, FL 32303	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roger F. Ruttenberg, Atlas Partners, LLC 55 E. Monroe, Suite 1890 Chicago, IL 60603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dawn Stevenson, Atlas Partners, LLC 55 E. Monroe, Suite 1890 Chicago, IL 60603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Roger F. Ruttenberg 3/13/00 312 516 5700
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)