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Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT (UBR)

STANDARD REPORTED AND AND STANDARD REPORT DIRECTOR

SIGNATURE:

## Feb 15, 2001 8:00 am DOCUMENT # N9700001938 Secretary of State 02-15-2001 90054 030 \*\*\*\*61.25 EVANGELINE BOOTH RESIDENCE, INC. Principal Place of Business Mailing Address 1424 NE EXPRESSWAY 1424 NE EXPRESSWAY ATLANTA GA 30329 ATLANTA GA 30329 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-3437427 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) FAULKNER, DONALD 3101 LAKE ELLEN LN. **TAMPA FL 33618** Zip Code City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition 🗷 Delete TITLE ☐ Change TITLE ARROWOOD, TED NAME NAME STREET ADDRESS 5357 HARBINS COVE CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **ULBURN GA 30247** ☐ Delete TITLE □ Change ☐ Addition TITLE BENNETT, JOSEPH R NAME NAME 958 ABINGDON CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF STONE MOUNTAIN GA 30083 \* Change Addition TITLE ☐ Delete TITLE HAUPT, GARY NAME NAME 15318 WINDING CREEK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33613** TITLE ☐ Delete TITLE ☐ Change Addition FAULKNER, DONALD NAME NAME STREET ADDRESS 16628 VALLEY DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** TITLE 🔀 Delete TITLE Change ☐ Addition David Jeffrey FIZER, DORIS M NAME NAME 2543 Alpine Way STREET ADDRESS 1633 LENOX RD., NE STREET ADDRESS Duluth, GA 30096 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30306 TITLE TITLE ☐ Change ☐ Addition □ Delete COOPER, RAYMOND A NAME NAME STREET ADDRESS 2269 DOGWOOD LN. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30345 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.