

DOCUMENT # P00638
1. Entity Name
CNL/RESOURCE MARKETING CORPORATION

Principal Place of Business Mailing Address
P.O. BOX 6097 P.O. BOX 6097
MACON GA 31213 MACON GA 31213

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

FILED
Jan 13, 2001 8:00 am
Secretary of State
01-13-2001 90050 025 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-1416352** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back) **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, DON K		NAME	JOHN BARTON	
STREET ADDRESS	2960 RIVERSIDE DRIVE		STREET ADDRESS	2960 RIVERSIDE DRIVE	
CITY-ST-ZIP	MACON GA		CITY-ST-ZIP	MACPN, GA 31204	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, FRANCES P		NAME	DONNA KAY MCGOLDRICK	
STREET ADDRESS	2960 RIVERSIDE DRIVE		STREET ADDRESS	2960 RIVERSIDE DRIVE	
CITY-ST-ZIP	MACON GA 31213		CITY-ST-ZIP	MACON, GA 31204	
TITLE	V	<input type="checkbox"/> Delete	TITLE	EXECUTIVE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, E. DOYLE		NAME	E. DOYLE KELLY	
STREET ADDRESS	2960 RIVERSIDE DRIVE		STREET ADDRESS	2960 RIVERSIDE DRIVE	
CITY-ST-ZIP	MACON GA		CITY-ST-ZIP	MACON, GA 31204	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. Doyle Kelly **E. DOYLE KELLY, EVP** **01/8/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)