

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000112894**  
 1. Entity Name  
**ONE BOGA PLACE, INC.**

**FILED**  
 02 JUL -8 AM 10:38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
 1801 HERMITAGE BLVD., STE. 600      1801 HERMITAGE BLVD., STE. 600  
 TALLAHASSEE FL 32308      TALLAHASSEE FL 32308



DO NOT WRITE IN THIS SPACE

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

4. FEL Number      Applied For  
**22-3849973**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**TODD, DAVID E**  
**1801 HERMITAGE BLVD., STE. 600**  
**TALLAHASSEE FL 32308**

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 resigning)      DATE

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENNETT, DOUGLAS W</b> <b>1801 HERMITAGE BLVD., STE. 600</b> <b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GRAY, LYNNE M</b> <b>1801 HERMITAGE BLVD., STE. 600</b> <b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HORTON, JAMES W</b> <b>1801 HERMITAGE BLVD., STE. 600</b> <b>TALLAHASSEE FL 32308</b>	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DECOSTA, LALER C.</b> <b>3424 PEACHTREE RD., NE, STE. 800</b> <b>ATLANTA GA 30326</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVAT</b> <b>GRAY, LYNN M.</b> <b>1801 HERMITAGE BLVD., STE. 600</b> <b>TALLAHASSEE FL 32308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVAS</b> <b>SMITH, JEFFREY L.</b> <b>1801 HERMITAGE BLVD., STE. 600</b> <b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MCKEAN, THOMAS A.</b> <b>3424 PEACHTREE RD., NE, STE. 800</b> <b>ATLANTA GA 30326</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TRIVERS, LISA K.</b> <b>3424 PEACHTREE RD., NE, STE. 800</b> <b>ATLANTA GA 30326</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WARRIOR, DEXTER B.</b> <b>3424 PEACHTREE RD., NE, STE. 800</b> <b>ATLANTA GA 30326</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas A. McKean      02-20-02      404-848-8600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

0002455 AT

CR2E034 (8/01)

*pscrwr*

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TRACK SHIP RATES TRANSIT TIME PICKUP DROP-OFF SUPPLIES

TRACKING NUMBER | REFERENCE NUMBER

# Tracking Summary

To see a detailed report for each package, please select the Detail button.

TRACKING NUMBER	STATUS	Delivered on:	
1. 1Z 326 419 01 9796 219 1	<b>Delivered</b>	May 1, 2002 10:21 A.M.	
		Delivered to:	TALLAHASSEE, FL, US
		Signed by:	SMITH
		Service Type:	NEXT DAY AIR



Tracking results provided by UPS: Jul 8, 2002 10:51 A.M. Eastern Time (USA)

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