


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90008 003 ***150.00

DOCUMENT # P01000112894					
1. Entity Name ONE BOCA PLACE, INC.					
Principal Place of Business 1801 HERMITAGE BLVD., STE. 600 TALLAHASSEE, FL 32308			Mailing Address 1801 HERMITAGE BLVD., STE. 600 TALLAHASSEE, FL 32308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 22-3849973	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TODD, DAVID E 1801 HERMITAGE BLVD., STE. 600 TALLAHASSEE, FL 32308			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 17		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DECOSTA, LALER C 3424 PEACHTREE RD. N.E., STE. 800 ATLANTA, GA 30326	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARRIOR, DEXTER B. 3424 PEACHTREE RD., NE, STE. 800 ATLANTA, GA 30326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAT GRAY, LYNNE M 1801 HERMITAGE BLVD., STE. 600 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LATHAM, LORI O. 3424 PEACHTREE RD., NE, STE. 800 ATLANTA, GA 30326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS SMITH, JEFFREY L 1801 HERMITAGE BLVD., STE. 600 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEWMARK, DEBBIE J. 3424 PEACHTREE RD., NE, STE. 800 ATLANTA, GA 30326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKEAN, THOMAS A 3424 PEACHTREE ROAD, NE, STE. 800 TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRIVERS, LISA K 3424 PEACHTREE ROAD, NE, STE. 800 TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: <i>Debbie J. Newmark</i>		Debbie J. Newmark 02/17/04 404-846-1300			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			

54015298



02132004 Chg-P CR2E034 (10/03)

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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9. Election Campaign Financing

Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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