

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90117 024 \*\*\*150.00

DOCUMENT # P07417

1. Entity Name

BLUE CIRCLE INC.

Principal Place of Business

TWO PARKWAY CENTER  
1800 PARKWAY PLACE, SUITE 1200  
MARIETTA GA 30067

Mailing Address

TWO PARKWAY CENTER  
1800 PARKWAY PLACE, SUITE 1200  
MARIETTA GA 30067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 22-2452187

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 reinstating)

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, 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 PD ☐ Delete  
NAME GENTLES, GARY  
STREET ADDRESS 1800 PKWY PL, STE. 1200  
CITY-ST-ZIP MARIETTA GA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME KEMPH, F.J.  
STREET ADDRESS 1800 PKWY PL, STE. 1200  
CITY-ST-ZIP MARIETTA GA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME WIDGER, MARTIN J  
STREET ADDRESS 1800 PKWY PL, STE. 1200  
CITY-ST-ZIP MARIETTA GA

TITLE VD ☐ Change ☒ Addition  
NAME JEFFREY C. POPE  
STREET ADDRESS 1800 PARKWAY PL, SUITE 1200  
CITY-ST-ZIP MARIETTA, GA 30067

TITLE AS ☐ Delete  
NAME ROEBUCK, JAMES W.  
STREET ADDRESS 1800 PKWY PL, STE. 1200  
CITY-ST-ZIP MARIETTA GA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME MCCLENDON, PHIL  
STREET ADDRESS 1800 PKWY PL, STE. 1200  
CITY-ST-ZIP MARIETTA GA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME CLARK, DAVID  
STREET ADDRESS 1800 PKY. PL. STE. #1200  
CITY-ST-ZIP MARIETTA GA

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)