

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P09709

1. Entity Name

LAMAR REESE & ASSOCIATES, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90001 049 ***150.00

Principal Place of Business

Mailing Address

1901 WEST OAKRIDGE DRIVE
ALBANY GA 31707

P.O. BOX 3386
ALBANY GA 31706-3386
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1314204

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SULLIVAN, DANIEL A.
C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
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, 2000 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 BARROW, BEN B., JR.
STREET ADDRESS 1901 OAKRIDGE DRIVE
CITY-ST-ZIP ALBANY GA

TITLE D ☒ Delete

NAME WEBB, MURRAY W.
STREET ADDRESS 1124 DAWSON ROAD
CITY-ST-ZIP ALBANY GA

TITLE ST ☐ Delete

NAME REESE, JOHN (ASST.)
STREET ADDRESS 1901 OAKRIDGE DRIVE
CITY-ST-ZIP ALBANY GA

TITLE DC ☒ Delete

NAME REESE, LAMAR
STREET ADDRESS 1151 DAWSON ROAD
CITY-ST-ZIP ALBANY GA

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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

Ben B. Barrow, Jr.
President

01/27/2000

Date

912-883-8423

Daytime Phone #

CR2E034 (9/99)