

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18787

1. Entity Name

FUND A ORLANDO, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90448 008 ***150.00

0013778

Principal Place of Business

Mailing Address

3424 PEACHTREE RD., NE
SUITE 800
ATLANTA GA 30326
US

ATTN: GAIL KNIGHT
3424 PEACHTREE RD., NE SUITE 800
ATLANTA GA 30326

00044052



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2898895

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

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 D/P ☐ Delete

NAME CONWAY, EUGENE F
STREET ADDRESS 3424 PEACHTREE RD., NE
CITY-ST-ZIP ATLANTA GA 30326

TITLE VP/T ☐ Delete

NAME CROWELL, VINCENT L
STREET ADDRESS 3424 PEACHTREE RD., NE
CITY-ST-ZIP ATLANTA GA 30326

TITLE VP/S ☐ Delete

NAME MCKEAN, THOMAS A
STREET ADDRESS 3424 PEACHTREE RD., NE
CITY-ST-ZIP ATLANTA GA 30326

TITLE VPAS ☐ Delete

NAME NEWMARK, DEBBIE J
STREET ADDRESS 3424 PEACHTREE RD., NE
CITY-ST-ZIP ATLANTA GA 30326

TITLE D ☐ Delete

NAME BARAG, JERROLD
STREET ADDRESS 3424 PEACHTREE RD., NE
CITY-ST-ZIP ATLANTA GA 30326

TITLE D ☐ Delete

NAME DEGNAN, AMBER B
STREET ADDRESS 3424 PEACHTREE RD., NE
CITY-ST-ZIP ATLANTA GA 30326

TITLE ☐ Change ☐ Addition

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

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

Debbie J. Newmark

Debbie J. Newmark

2/6/01

404-848-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)