

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90075 023 ***150.00

0001414 AV

DOCUMENT # P18787

1. Entity Name
FUND A ORLANDO, INC.

Principal Place of Business 3424 PEACHTREE RD., NE SUITE 800 ATLANTA GA 30326 US	Mailing Address ATTN: GAIL KNIGHT 3424 PEACHTREE RD., NE SUITE 800 ATLANTA GA 30326
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2898895		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip *	Country	Zip	Country				

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		(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) <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D/P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CONWAY, EUGENE F		NAME	MILLS, E. NELSON			
STREET ADDRESS	3424 PEACHTREE RD., NE		STREET ADDRESS	3424 PEACHTREE RD., NE, STE. 800			
CITY-ST-ZIP	ATLANTA GA 30326		CITY-ST-ZIP	ATLANTA GA 30326			
TITLE	VP/T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CROWELL, VINCENT L		NAME				
STREET ADDRESS	3424 PEACHTREE RD., NE		STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA 30326		CITY-ST-ZIP				
TITLE	VP/S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKEAN, THOMAS A		NAME				
STREET ADDRESS	3424 PEACHTREE RD., NE		STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA 30326		CITY-ST-ZIP				
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWMARK, DEBBIE J		NAME				
STREET ADDRESS	3424 PEACHTREE RD., NE		STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA 30326		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARAG, JERROLD		NAME				
STREET ADDRESS	3424 PEACHTREE RD., NE		STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA 30326		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEGNAN, AMBER B		NAME				
STREET ADDRESS	3424 PEACHTREE RD., NE		STREET ADDRESS				
CITY-ST-ZIP	ATLANTA GA 30326		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** 02-05-02 404-848-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)