

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25433

1. Entity Name

CSI BROKERAGE SERVICES, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90052 029 \*\*\*158.75

Principal Place of Business

Mailing Address

244 PERIMETER CENTER PARKWAY, NE  
ATLANTA GA 30346

244 PERIMETER CENTER PARKWAY, NE  
ATLANTA GA 30346-2302

00012622



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

58-1522746

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

KINMAN, JOSEPH F., JR.  
501 E. KENNEDY BLVD.  
TAMPA, FL 33601 FL

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 PDC ☐ Delete  
NAME HOWARD, J. RIDLEY  
STREET ADDRESS 1176 BROOKGATE WAY  
CITY-ST-ZIP ATLANTA GA

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

TITLE VD ☐ Delete  
NAME FINCHER, ROBERT L.  
STREET ADDRESS 9395 CLUBLANDS DR.  
CITY-ST-ZIP ALPHARETTA GA

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

TITLE S ☒ Delete  
NAME SWINSON, CINDY M.  
STREET ADDRESS 4588 EAST BROOKHAVEN DR  
CITY-ST-ZIP ATLANTA GA

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

TITLE VTD ☒ Delete  
NAME MEADER, GARY W.  
STREET ADDRESS 200 WALHALLA COURT  
CITY-ST-ZIP ATLANTA GA

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

TITLE V ☐ Delete  
NAME BARLOW, WILLIAM J  
STREET ADDRESS 610 RIDGEBROOK POINT  
CITY-ST-ZIP ROSWELL GA

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition  
NAME CHAMBLEE, WENDY M.  
STREET ADDRESS 1438 CUSTIS COURT  
CITY-ST-ZIP ATLANTA, GA 30338

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 (9/99)