

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25853

1. Entity Name

EASLEY, MCCALED & ASSOCIATES, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90030 004 \*\*\*150.00

Principal Place of Business

Mailing Address

3980 DEKALB TECHNOLOGY PKWY.  
STE. 755  
ATLANTA GA 30340

PO BOX 98309  
ATLANTA GA 30359-2009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1272388

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

MANN, CLARK  
20 N ORANGE AVE  
STE #408  
ORLANDO FL 32801

Name

MANN, CLARK

Street Address (P.O. Box Number is Not Acceptable)

431 E. Horatio Avenue, Suite 120

City

Maitland

FL

Zip Code

32751

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
C  
EASLEY, CHARLES R.  
RT. 4 BOX 4265  
ATHENS TX ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
MCCALED, S. BLAINE, III  
3980 DEKALB TECH PKWY  
ATLANTA GA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles R. Easley

3/22/00

(770)454-9998

Date

Daytime Phone #

CR2E034 (9/99)