

AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25884

1. Entity Name
APAC-SOUTHEAST, INC.



Principal Place of Business
3111 PORT COBB DRIVE
SMYRNA, GA 30080 US

Mailing Address
ATTN: TAX DEPARTMENT
P.O. BOX 14000
LEXINGTON, KY 40512 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-1401468** 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

CT CORPORATION SYSTEM
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S/T ☐ Delete
NAME ONUSCHAK, PETER W
STREET ADDRESS 3111 PORT COBB DRIVE
CITY-ST-ZIP SMYRNA, GA 30080

TITLE AS/AT ☐ Change ☒ Addition
NAME Paul J. Guptill
STREET ADDRESS 1451 Myrtle Street
CITY-ST-ZIP Sarasota, FL 34134

TITLE V/AS ☐ Delete
NAME SUVER, JAMI K
STREET ADDRESS 600 DIEDERICH BLVD.
CITY-ST-ZIP RUSSELL, KY 41169

TITLE VP/AS ☐ Change ☒ Addition
NAME William B. Miller
STREET ADDRESS 900 Ashwood Parkway; Suite 700
CITY-ST-ZIP Atlanta, GA 30338-4780

TITLE D/P ☐ Delete
NAME NICHOLS, FRANK D JR.
STREET ADDRESS 3111 PORT COBB DRIVE
CITY-ST-ZIP SMYRNA, GA 33080

TITLE ☐ Change ☐ Addition
NAME 500023523395
STREET ADDRESS 10/03/03--01002--025 **\$61.25
CITY-ST-ZIP

TITLE VPAS ☐ Delete
NAME COLVIN, JEROME M
STREET ADDRESS 3499 DABNEY DRIVE
CITY-ST-ZIP LEXINGTON, KY 40512

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

TITLE D/VP ☐ Delete
NAME DONOFRIO, DAVID A
STREET ADDRESS 1451 MYRTLE STREET
CITY-ST-ZIP SARASOTA, FL 34234

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

TITLE D/VP ☐ Delete
NAME MULLENDORE, TIMOTHY G
STREET ADDRESS 700 SOUTH 37TH STREET
CITY-ST-ZIP BIRMINGHAM, AL 35222

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

William B. Miller

09/29/03

770.392.5315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)