

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27666

1. Entity Name

TARGET CONTAINER CO.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90104 002 ***150.00

Principal Place of Business

Mailing Address

1977 SARASOTA PARKWAY
CONYERS GA 30013
US

1977 SARASOTA PARKWAY
CONYERS GA 30013
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0707285

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS 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.

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	PRATT, RICHARD	
STREET ADDRESS	LEVEL 2, 533 LITTLE LONSDALE ST	
CITY-ST-ZIP	MELBOURNE, VICTORIA 3000	
TITLE	P	<input type="checkbox"/> Delete
NAME	BULGER, PHILLIP	
STREET ADDRESS	1977 SARASOTA PARKWAY	
CITY-ST-ZIP	CONYERS GA 30013	
TITLE	V	<input type="checkbox"/> Delete
NAME	BYRD, GARY B	
STREET ADDRESS	1977 SARASOTA PARKWAY	
CITY-ST-ZIP	CONYERS GA 30013	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KYLES, DAVID J	
STREET ADDRESS	1977 SARASOTA PARKWAY	
CITY-ST-ZIP	CONYERS GA 30013	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ANWAR, AAMIR	
STREET ADDRESS	1977 SARASOTA PARKWAY	
CITY-ST-ZIP	CONYERS GA 30013	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/00

770 918 5678

CR2E034 (9/99)