

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28087

1. Entity Name

JAMESTOWN MANAGEMENT CORPORATION

Principal Place of Business

TWO PACES WEST,
1600
ATLANTA GA 30339
US

Mailing Address

TWO PACES WEST, ST. 1600
2727 PACES FERRY RD.
ATLANTA GA 30339
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1745153

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
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

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, 2001 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
D
HOUSER, JOHN W
TWO PACES WEST STE 1600/2
ATLANTA GA 30339 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
NEWCOMB, WILLIAM D
TWO PACES WEST STE 1600/2
ATLANTA GA 30339 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LUPE, WILLIAM G JR.
TWO PACES WEST STE 1600/2
ATLANTA GA 30339 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
KAHL, CHRISTOPH A.
TWO PACES WEST STE 1600/2
ATLANTA GA 30339 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ZOUKIS, STEPHEN J
TWO PACES WEST STE 1600/2
ATLANTA GA 30339 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CROSSLEY, RICHARD D
TWO PACES WEST STE 1600
ATLANTA GA 30339 ☐ Delete

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

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: *William D Newcomb*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William D. Newcomb

3/15/2001

770-805-1000

Daytime Phone #

CR2E034 (10/00)

044592

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90003 048 ***150.00



DO NOT WRITE IN THIS SPACE

Attached #
P25087

WILLIAM D. NEWCOMB
CERTIFIED PUBLIC ACCOUNTANT
TWO PACES WEST, SUITE 1600
2727 PACES FERRY ROAD
ATLANTA, GEORGIA 30339
Tel: 770-805-1000
Fax: 770-805-1090

515403

Certified Mail # 7099 3400 0013 9033 6779
Return Receipt Requested

March 19, 2001

State of Florida
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2001 Uniform Business Report (UBR)

Dear Sir or Madam:

Enclosed please find Form 2001 Uniform Business Report (UBR) and payment for 2001 annual registration for the below referenced entity:

<u>ENTITY</u>	<u>FEI NUMBER</u>	<u>AMOUNT</u>
Jamestown Management Corporation	58-1745153	\$150.00

If you should have any questions regarding this form, please contact our department at the above address.

Sincerely,

Carole Lampley

Carole Lampley
Tax Department

Enclosures