

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-21-2001 90003 048 ***150.00

044592/

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**



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 **58-1745153**

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

**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 _____ (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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEWCOMB, WILLIAM D TWO PACES WEST STE 1600/2 ATLANTA GA 30339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LIPE, WILLIAM G JR. TWO PACES WEST STE 1600/2 ATLANTA GA 30339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KAHL, CHRISTOPH A. TWO PACES WEST STE 1600/2 ATLANTA GA 30339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZOUKIS, STEPHEN J TWO PACES WEST STE 1600/2 ATLANTA GA 30339	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSSLEY, RICHARD D TWO PACES WEST STE 1600 ATLANTA GA 30339	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 **William D. Newcomb** 3/15/01 **770-805-1000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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
Tax Department

Enclosures