

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90069 043 ***150.00

0001615 AV

DOCUMENT # P28087

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

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

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, 2002 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 **D** ☐ Delete
 NAME **HOUSER, JOHN W**
 STREET ADDRESS **TWO PACES WEST STE 1600/2**
 CITY-ST-ZIP **ATLANTA GA 30339**

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

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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:

Stephen J. Zoukis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02
 Date

770 805-1000
 Daytime Phone #

ATTACH DOC # P28087 / 516358

**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**

**Certified Mail # 7001 2510 0008 3925 5163
Return Receipt Requested**

March 11, 2002

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

Re: 2002 Uniform Business Report (UBR)

Dear Sir or Madam:

Enclosed please find Form 2002 Uniform Business Report (UBR) and payment for 2002 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