

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 18, 2001 08:00 AM**
Secretary of State**DOCUMENT # P31030**1. Entity Name
THE TAULMAN COMPANY

Principal Place of Business	Mailing Address
561 THORNTON RD.	PO BOX 696
SUITE E	
LITHIA SPRINGS GA	LITHIA SPRINGS GA
30122	30122 US

2. Principal Place of Business
561 THORNTON RD.

3. Mailing Address

Suite, Apt. #, etc.
SUITE E

Suite, Apt. #, etc.

City & State
LITHIA SPRINGS GA

City & State

Zip Country
30122 US

Zip Country

4. FEI Number
58-1907154Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD

Name

Street Address (P.O. Box Number is Not Acceptable)

PLANTATION FL
33324 US

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 _____ **01/18/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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	PCT	<input type="checkbox"/> Delete
NAME	GLASS ROBERT J	
STREET ADDRESS	561 THORNTON RD.	
CITY-ST-ZIP	LITHIA SPRINGS GA 30122	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLASS PATRICIA E	
STREET ADDRESS	561 THORNTON RD.	
CITY-ST-ZIP	LITHIA SPRINGS GA 30122	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robert J. Glass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P 01/18/2001

Date

Daytime Phone #

CR2E034 (11/00)