

# FORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90051 032 \*\*\*150.00

**DOCUMENT # P32175**

1. Entity Name  
**FLAGLER PROPERTIES COMPANY OF GEORGIA**

Principal Place of Business 3715 NORTHSIDE PARKWAY, N.W. 300 NORTHCREEK, SUITE 105 ATLANTA GA 30327	Mailing Address 3715 NORTHSIDE PARKWAY, N.W. 300 NORTHCREEK, SUITE 105 ATLANTA GA 30327-2806
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>58-1782515</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MINER, JEANNE 3627 UNIVERSITY BLVD S STE 430 JACKSONVILLE FL 32216				Name			
				Theresa M. Kenney, <b>Esq.</b> Street Address (P.O. Box Numbers Not Acceptable) Ford Jeter Bowlus & Duss			
				10110 San Jose Blvd			
				City Jacksonville		FL	

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  **Theresa M. Kenney** **3-28-2000**  
(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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT MCCLAIN, WILLIAM A., III 3715 NORTHSIDE PKWY NW ATLANTA GA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William A. McClain IV 3715 Northside Pkwy, Ste 105, Bdg 300 Atlanta, GA 30327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MCCLAIN, WILLIAM A IV 3715 NORTHSIDE PKWY STE 105 ATLANTA GA	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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:  **W.A. McClain III** **1/17/00** **404-261-3271**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)