

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90118 044 ***150.00

DOCUMENT # P33014

1. Entity Name

REALTY MANAGEMENT CORP. OF GEORGIA

Principal Place of Business

Mailing Address

CROWN POINTE PKY
500
ATLANTA GA 30338-7702

1050 CROWN POINTE PKY
STE. 500
ATLANTA GA 30338-7702
US

2. Principal Place of Business

5555 Glenridge Connector

Suite, Apt. #, etc.

Suite 700

3. Mailing Address

5555 Glenridge Connector

Suite, Apt. #, etc.

Suite 700

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30342

Country

US

Zip

30342

Country

US

4. FEI Number

58-1799423

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, 2000 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 **CEO** ☐ Delete
NAME **LANE, GEORGE H III**
STREET ADDRESS **1050 CROWN POINTE PKY., STE. 500**
CITY-ST-ZIP **ATLANTA GA 30338-7702**

TITLE ☒ Change ☐ Addition
NAME **5555 Glenridge Connector, Suite 700**
STREET ADDRESS **Atlanta, GA 30342**
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **ARMSTRONG, GAIL A**
STREET ADDRESS **1050 CROWN POINTE PKY, STE. 500**
CITY-ST-ZIP **ATLANTA GA 30338-7702**

TITLE ☒ Change ☐ Addition
NAME **5555 Glenridge Connector, Suite 700**
STREET ADDRESS **Atlanta, GA 30342**
CITY-ST-ZIP

TITLE **VS.** ☐ Delete
NAME **HARMON, JOYCE B**
STREET ADDRESS **1050 CROWN POINTE PKY. STE. 500**
CITY-ST-ZIP **ATLANTA GA 30338-7702**

TITLE ☒ Change ☐ Addition
NAME **5555 Glenridge Connector, Suite 700**
STREET ADDRESS **Atlanta, GA 30342**
CITY-ST-ZIP

TITLE **AVP** ☐ Delete
NAME **POLYDOROS, GEORGE SR.,**
STREET ADDRESS **49 BTRIAR HOLLOW LANE**
CITY-ST-ZIP **HOUSTON TX 77027**

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

TITLE **AVP** ☐ Delete
NAME **WEATHERS, WARREN J**
STREET ADDRESS **3314 HENDERSON BOULEVARD, #100H**
CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE **D** ☐ Delete
NAME **MORRIS, JOHN G**
STREET ADDRESS **3343 PEACHTREE ROAD N.E.**
CITY-ST-ZIP **ATLANTA GA 30326**

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:

Gail A. Armstrong

01/13/00

(404)459-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)