

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90248 030 ***150.00

835621



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000070047

1. Entity Name
770 TAMALPAIS DRIVE INC.

Principal Place of Business 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308	Mailing Address 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308-7707 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3303793	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**TODD, DAVID E
 1801 HERMITAGE BLVD
 SUITE 100
 TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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, 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

TITLE D	<input type="checkbox"/> Delete
NAME BENNETT, DOUGLAS W	
STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600	
CITY-ST-ZIP TALLAHASSEE FL	
TITLE VAS	<input checked="" type="checkbox"/> Delete
NAME GOOD, LUANNE K	
STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600	
CITY-ST-ZIP TALLAHASSEE FL 32308	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME DECOSTA, LALER	
STREET ADDRESS 1150 LAKE HEARN DR NE SUITE 400	
CITY-ST-ZIP ATLANTA GA	
TITLE DVAS	<input type="checkbox"/> Delete
NAME HORTON, JAMES W	
STREET ADDRESS 1801 HERMITAGE BLVD.	
CITY-ST-ZIP TALLAHASSEE FL 32308	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME SNEDEKER, PATRICIA C	
STREET ADDRESS 1150 LAKE HEARN DR NE SUITE 400	
CITY-ST-ZIP ATLANTA GA	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME SMITH, JEFFREY L	
STREET ADDRESS 1801 HERMITAGE BLVD.	
CITY-ST-ZIP TALLAHASSEE FL 32308	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Laler DeCosta	
STREET ADDRESS 3424 Peachtree Road NE., #800	
CITY-ST-ZIP Atlanta, GA 30326	
TITLE VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Renee Bergeron	
STREET ADDRESS 3424 Peachtree Road, NE #800	
CITY-ST-ZIP Atlanta, GA 30326	
TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Thomas McKean	
STREET ADDRESS 3424 Peachtree Road NE, #800	
CITY-ST-ZIP Atlanta, GA 30326	
TITLE DVAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Lynne Quick	
STREET ADDRESS 1801 Hermitage Blvd., #600	
CITY-ST-ZIP Tallahassee, FL 32308	
TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Kathleen Burgi-Sandell	
STREET ADDRESS 3424 Peachtree Road, NE., #800	
CITY-ST-ZIP Atlanta, GA 30326	
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: *[Signature]* **Douglas W. Bennett, Director** **850/488-4406**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)