

# 2001 UNIFORM BUSINESS REPORT (UBR)

0686350

DOCUMENT # P95000094420

1. Entity Name

RACS OF ATLANTA, INC.

FILED

01 APR 26 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5901-C PEACHTREE DUNWOODY RD SUITE 475 ATLANTA GA 30328 US	Mailing Address PO BOX 90319 INDIANAPOLIS IN 46290 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P O Box 78465 Suite, Apt. #, etc.
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City & State Indianapolis, IN	4. FEI Number 59-3352764	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 46278	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, CHARLES  
101 SOUTHHALL LANE  
4TH FLOOR  
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name  
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
% C T Corporation System  
1200 South Pine Island Road

City  
Plantation FL Zip Code  
33324

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 Jeffrey R. Graves  
Assistant Secretary

Signature typed or printed Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

000004163240--7  
-05/08/01-01124--004  
\*\*\*\*158.75

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P MORRISON, CHARLES E 101 SOUTHHALL LN., 4TH FLR MAITLAND FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O Box 78465 Indianapolis, IN 46278 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 4-24-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Charles Morrison

Date Daytime Phone #

CR2E034 (10/00)