

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000036024

1. Entity Name

FLORIDA CONFERENCE CENTER ASSOCIATES, INC. ✓

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90159 021 \*\*\*550.00

Principal Place of Business

Mailing Address

2772-S NW 43 ST  
 GAINESVILLE FL 32606

2772-S NW 43 ST  
 GAINESVILLE FL 32606-7434

2. Principal Place of Business

3. Mailing Address

3715 Northside Parkway

Suite, Apt. #, etc.

Bldg 400 Suite 200

Suite, Apt. #, etc.

City & State

Atlanta, GA

4. FEI Number

59-3380739

Applied For

Not Applicable

Zip

Country

Zip

Country

30327

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

HOLDEN, CHARLES I JR  
 2772-S NW 43 ST  
 GAINESVILLE FL 32606

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD REED, WILLIAM P	TITLE	
NAME	40 GLENALD WAY NW	NAME	
STREET ADDRESS	ATLANTA GA 30327	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD SHELL, EARL L JR	TITLE	
NAME	1380 W PACES FERRY RD	NAME	
STREET ADDRESS	ATLANTA GA 30327	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S HOLDEN, CHARLES I	TITLE	
NAME	2700-C NW 43RD ST	NAME	
STREET ADDRESS	GAINESVILLE FL 32606	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	TD BARROW, M. BRANTLEY	TITLE	
NAME	1380 W PACES FERRY RD	NAME	
STREET ADDRESS	ATLANTA GA 30327	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert Clark* 6/14/00 404-261-3524

CR2E034 (9/99)