

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90654 038 \*\*\*150.00

0042959 AV

**DOCUMENT # P96000082423**

1. Entity Name  
**MARKET FRONT, INC.**

Principal Place of Business  
**1801 HERMITAGE BLVD**  
**STE 600**  
**TALLAHASSEE FL 32308**  
**US**

Mailing Address  
**1801 HERMITAGE BLVD**  
**600**  
**TALLAHASSEE FL 32308**  
**US**

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 **59-3403621**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



## 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENNETT, DOUGLAS W</b> <b>1801 HERMITAGE BLVD., STE 100</b> <b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVAS</b> <b>HORTON, JAMES W</b> <b>1801 HERMITAGE BLVD, STE 600</b> <b>TALLAHASSEE FL 32308</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DECOSTA, LALER</b> <b>3424 PEACHTREE RD NE, STE 800</b> <b>ATLANTA GA 30326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>FONG, ARTLYN</b> <b>3424 PEACHTREE RD NE #800</b> <b>ATLANTA GA 30326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MCKEAN, THOMAS A</b> <b>3424 PEACHTREE RD NE #800</b> <b>ATLANTA GA 30326</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVAT</b> <b>GRAY, LYNNE M</b> <b>1801 HERMITAGE BLVD #600</b> <b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVAS</b> <b>SMITH, JEFFREY L</b> <b>1801 HERMITAGE BLVD., STE. 600</b> <b>TALLAHASSEE FL 32308</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>TRIVERS, LISA K</b> <b>3424 PEACHTREE RD., NE, STE. 800</b> <b>ATLANTA GA 30326</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WARRIOR, DEXTER B.</b> <b>3424 PEACHTREE RD., NE, STE. 800</b> <b>ATLANTA GA 30326</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas A. McKean**

**02-20-02**

**404-848-8600**

Date

Daytime Phone #

CR2E034 (9/01)