2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # **P97000034770** 1. Entity Name 50 MILK STREET, INC. 04-18-2000 90248 029 ***150.00 Principal Place of Business Mailing Address 1801 HERMITAGE BLVD 1801 HERMITAGE BLVD SUITE 600 000044 3011E 600 IALLAHASSEE FL 32308 TALLAHASSEE FL 32308-7707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3442520 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TODD, DAVID E Street Address (P.O. Box Number is Not Acceptable) 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308 Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change X Addition TITLE ☐ Delete TITLE V BENNETT. DOUGLAS W NAME Paul Stevens 1801 HERMITAGE BLVD, STE 600 STREET ADDRESS STREET ADDRESS 3424 Peachtree Road, NE #800 CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP <u> Atlanta, GA 30326</u> DVAS ☐ Delete TITLE TITLE HORTON, JAMES W NAME MAME Thomas A. McKean 1801 HERMITAGE BLVD, STE 600 STREET ADDRESS STREET ADDRESS 3424 Peachtree Road, NE., #800 TALLAHASSEE FL 32308 CITY-ST-7IP CITY-ST-ZIP Atlanta, GA 30326 ____ Change X Addition TITLE ☐ Delete TITLE DVAT DECOSTA, LALER C NAME NAME Lynne Quick 3424 PEACHTREE RD NE. SUITE 800 STREET ADDRESS STREET ADDRESS 1801 Hermitage Blvd., #600 CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30326 Tallahassee, FL 32308 VAT ☐ Change X Addition X Delete TITLE TITLE GOOD, LAUNNE NAME NAME Renee Bergeron 1801 HERMITAGE BLVD, SUITE 600 STREET ADDRESS STREET ADDRESS 3424 Peachtree Road NE., #800 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 <u> Atlanta, GA 30326</u> n Change Addition TITLE Delete TITLE SMITH, JEFFREY L NAME 1801 HERMITAGE BLVD., SUITE 600 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete

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 trusted empswered 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 empswered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SNEDEKER, PATRICIA C

ATLANTA GA 30326

3424 PEACHTREE RD NE, SUITE 800

NAME STREET ADDRESS

CITY-ST-ZIP

Douglas W. Bennett,

850/488-4406