

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90500 020 ***150.00

DOCUMENT # P97000034770

1. Entity Name
50 MILK STREET, INC.

Principal Place of Business 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308	Mailing Address 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3442520	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

**TODD, DAVID E
 1801 HERMITAGE BLVD
 SUITE 600
 TALLAHASSEE FL 32308**

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

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	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD, STE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	HORTON, JAMES W	
STREET ADDRESS	1801 HERMITAGE BLVD, STE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEVENS, PAUL	
STREET ADDRESS	3424 PEACHTREE RD NE, SUITE 800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCKEAN, THOMAS A	
STREET ADDRESS	3424 PEACHTREE RD NE #800	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JEFFREY L	
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	P	<input type="checkbox"/> Delete
NAME	DECOSTA, LALER C	
STREET ADDRESS	3424 PEACHTREE RD NE, SUITE 800	
CITY-ST-ZIP	ATLANTA GA 30326	

TITLE	DVAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynne M. Gray	
STREET ADDRESS	1801 Hermitage Blvd., Suite 600	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Renee Bergeron	
STREET ADDRESS	3424 Peachtree Road, NE., Suite 800	
CITY-ST-ZIP	Atlanta, GA 30326	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dexter Warrior	
STREET ADDRESS	3424 Peachtree Road NE., Suite 800	
CITY-ST-ZIP	Atlanta, GA 30326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Douglas W. Bennett, Director  **850/488-4406**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)