

2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-3442520

Applied For

Not Applicable

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

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, 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 ☐ Delete
NAME BENNETT, DOUGLAS W
STREET ADDRESS 1801 HERMITAGE BLVD, STE 600
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DVAT ☐ Change ☒ Addition
NAME Lynne M. Gray
STREET ADDRESS 1801 Hermitage Blvd., Suite 600
CITY-ST-ZIP Tallahassee, FL 32308

TITLE DVAS ☐ Delete
NAME HORTON, JAMES W
STREET ADDRESS 1801 HERMITAGE BLVD, STE 600
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE T ☐ Change ☒ Addition
NAME Renee Bergeron
STREET ADDRESS 3424 Peachtree Road, NE., Suite 800
CITY-ST-ZIP Atlanta, GA 30326

TITLE V ☐ Delete
NAME STEVENS, PAUL
STREET ADDRESS 3424 PEACHTREE RD NE, SUITE 800
CITY-ST-ZIP ATLANTA GA 30326

TITLE V ☐ Change ☒ Addition
NAME Dexter Warrior
STREET ADDRESS 3424 Peachtree Road NE., Suite 800
CITY-ST-ZIP Atlanta, GA 30326

TITLE S ☐ Delete
NAME MCKEAN, THOMAS A
STREET ADDRESS 3424 PEACHTREE RD NE #800
CITY-ST-ZIP ATLANTA GA 30326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SMITH, JEFFREY L
STREET ADDRESS 1801 HERMITAGE BLVD., SUITE 600
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME DE COSTA, LALER C
STREET ADDRESS 3424 PEACHTREE RD NE, SUITE 800
CITY-ST-ZIP ATLANTA GA 30326

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850/488-4406

Daytime Phone #

CR2E034 (10/00)