


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90143 035 \*\*\*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



CHECK HERE IF MAKING CHANGES

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

**TODD, DAVID E**  
1801 HERMITAGE BLVD  
SUITE 600  
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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BENNETT, DOUGLAS W</b>	
STREET ADDRESS	<b>1801 HERMITAGE BLVD, STE 600</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>TRIVERS, LISA</b>	
STREET ADDRESS	<b>3424 PEACHTREE RD. NE, STE. 800</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEVENS, PAUL</b>	
STREET ADDRESS	<b>3424 PEACHTREE RD NE, SUITE 800</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MCKEAN, THOMAS A</b>	
STREET ADDRESS	<b>3424 PEACHTREE RD NE #800</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>	
TITLE	<b>DVAT</b>	<input type="checkbox"/> Delete
NAME	<b>GRAY, LYNNE M</b>	
STREET ADDRESS	<b>1801 HERMITAGE BLVD., SUITE 600</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DECOSTA, LALER C</b>	
STREET ADDRESS	<b>3424 PEACHTREE RD NE, SUITE 800</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30326</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, JEFFREY L.</b>	
STREET ADDRESS	<b>1801 HERMITAGE BLVD., STE 600</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
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		
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Thomas A. McKean** Date: **01/29/03** Daytime Phone #: **404-848-8600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)