2000 UNIFORM BUSINESS REPORT (UBR)				APF.	ROVED		
DOCUMENT # P9700082235							
TALLAHASSEE POWER GENTER, INC. HOPKINS CROSSING, INC.					-2 PM 1:02		
Principal Place		Mailing Address		SECRET	ARY OF STATE SSEE, FLORIDA	7	
%Marvin S. Rosen 222 Lake View Avenue Ste. 800 West Palm Beach Fl 33401		%MARVIN S. ROSEN 222 LAKE VIEW AVENUE STE. 800 WEST PALM BEACH FL 33401-6148		TALLAHA		1 (1818 (1888 H)	3) 834 188 5
2 Principal PI 5775 PE Suite, Apt.	ace of Business ACHTROEDWWooWRD #, etc.	EDWWOODY		OT WRITE IN THIS SI	PACE		
8017E	175-D	Suite, Apt. #, etc. SVITE 175-D City & State		4. FEI Number		☐ IAn	plied For
ATLANT	A, GA	ATLANTA GI	4-	4. FEI NUITIDEI 65-0	788800 	Not	t Applicable
3034	2 Country	30342	Country	5. Certificate of Status D		8.75 Addi ee Required	
	6. Name and Address of Current R		Name	7. Name and Address of	1 New Registered A	gent	
CORPORATION CERVICE COMPANY				(P.O. Box Number is Not Ac	ceptable)		
TALLAHASSEE FL 32301							
			City	-	FL	Zip Code	,
8. The above named entity submits this statement for the purpose of changing its registered office or regis				ered agent, or both, in the St	ate of Florida.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required to				ed when reinstating)	DATE		
			FEE IS \$150.00 Fee will be \$550.00 to Department of St	10. Election Camp Trust Fund Co			O May Be to Fees
11.	OFFICERS AND E	Delete	12.	ADDITIONS/CHANGES	TO OFFICERS AND		
NAME STREET ADDRESS GITY-ST-ZIP	VPS BROWN, WILLIAM G 5775 PEACHTREE DUNWOODY F ATLANTA GA 30342	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700!	103250 -05/19/000 ****150.00	□ Change 4□ 7 1121 *****		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOGGIO, SCOTT M 5775 PEACHTREE DUNWOODY F ATLANTA GA 30342	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENFIELD, GREGORY R 5775 PEACHTREE DUNWOODY F ATLANTA GA 30342	□ Delete RD., STE 200	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	d Strauss, Richard K 5775 Peachtree Dunwoody F Atlanta ga 30342	Delete	TITLE NAME STREE1 ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		M	- Salah	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 PENTED NAME OF SIGNING OFFICER OR DIRECTOR

100 (770)225-3460