

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108851

1. Entity Name
CITADEL GROUP, INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90025 015 ***150.00

Principal Place of Business

ONE RAVINIA DRIVE
SUITE 500
ATLANTA GA 30346

Mailing Address

ONE RAVINIA DRIVE
SUITE 500
ATLANTA GA 30346

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3485176**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GORNT, L.A. JR.
149-F S. RIDGEWOOD AVE.
DAYTONA BEACH FL 32114

Name

DALE MORRIS

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

40 C.T. CORPORATION

City

PLANTATION

FL

Zip Code

33324

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

Dale W. Morris

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

2/28/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
HANNA, DAVID G
ONE RAVINIA DRIVE., SUITE 500
ATLANTA GA 30346

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
SAMSKY, BRETT M
ONE RAVINIA DRIVE., SUITE 500
ATLANTA GA 30346

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
RICHARD R. HOUSE, JR.
ONE RAVINIA DRIVE, SUITE 500
ATLANTA, GA 30346

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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☐ Change ☐ 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-01

Date

770 206 6200

Daytime Phone #

CR2E034 (10/00)