

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 08, 2000 8:00 an  
Secretary of State

02-08-2000 90056 037 \*\*\*150.00

DOCUMENT # P99000002663

1. Entity Name

TKO PROPERTIES, INC.

Principal Place of Business

Mailing Address

2859 PACES FERRY ROAD STE. 1100  
ATLANTA GA 30339

2859 PACES FERRY ROAD STE. 1100  
ATLANTA GA 30339-6207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2444298

Applied  
Not Applied

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

KOLAR, ERIC S  
1830 ATLANTIC BLVD.  
JACKSONVILLE FL 32207

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May  
Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME DTP  
STREET ADDRESS TERWILLIGER, J R  
CITY-ST-ZIP 2859 PACES FERRY ROAD STE. 1100  
ATLANTA GA 30339

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS KOLAR, RONALD E  
CITY-ST-ZIP 2859 PACES FERRY ROAD STE. 1100  
ATLANTA GA 30339

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

TITLE ☒ Delete  
NAME S  
STREET ADDRESS MCDONALD, MONICA  
CITY-ST-ZIP 2859 PACES FERRY ROAD STE. 1100  
ATLANTA GA 30339

TITLE ☐ Change ☒  
NAME SECRETARY  
STREET ADDRESS MARY VIRGINIA SMITH  
CITY-ST-ZIP 2859 PACES FERRY RD. STE 11  
ATLANTA, GA 30339

TITLE ☐ Delete  
NAME VS  
STREET ADDRESS KOLAR, ALAN E  
CITY-ST-ZIP 2859 PACES FERRY ROAD STE. 1100  
ATLANTA GA 30339

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐  
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, 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

1/31/00

Date

770-801-160

Daytime Phone #