

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097913

1. Entity Name

BUCKHEAD ATLANTA PLAZA, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90248 035 \*\*\*150.00

Principal Place of Business

Mailing Address

1801 HERMITAGE BLVD., STE. 600  
TALLAHASSEE FL 32308

1801 HERMITAGE BLVD., STE. 600  
TALLAHASSEE FL 32308-7707



DO NOT WRITE IN THIS SPACE

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

59-3606991

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

Name

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

City

FL

Zip Code

TODD, DAVID E  
1801 HERMITAGE BLVD., STE. 600  
TALLAHASSEE FL 32308

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 Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME BENNETT, DOUGLAS W  
STREET ADDRESS 1801 HERMITAGE BLVD., STE. 600  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ Delete

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

☒ Delete

TITLE D  
NAME QUICK, LYNNE  
STREET ADDRESS 1801 HERMITAGE BLVD., STE. 600  
CITY-ST-ZIP TALLAHASSEE FL 32308

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVAT  
NAME Lynne Quick  
STREET ADDRESS 1801 Hermitage Blvd. #600  
CITY-ST-ZIP Tallahassee, FL 32308

☒ Change ☐ Addition

TITLE DVAS  
NAME James W. Horton  
STREET ADDRESS 1801 Hermitage Blvd., #600  
CITY-ST-ZIP Tallahassee, FL 32308

☒ Change ☐ Addition

TITLE P  
NAME Laler DeCosta  
STREET ADDRESS 3424 Peachtree Road, NE., #800  
CITY-ST-ZIP Atlanta, GA 30326

☐ Change ☒ Addition

TITLE V  
NAME Randy Forth  
STREET ADDRESS 3424 Peachtree Road, NE., #800  
CITY-ST-ZIP Atlanta, GA 30326

☐ Change ☒ Addition

TITLE VS  
NAME Thomas A. McKean  
STREET ADDRESS 3424 Peachtree Road, NE., #800  
CITY-ST-ZIP Atlanta, GA 30326

☐ Change ☒ Addition

TITLE VT  
NAME Renee Bergeron  
STREET ADDRESS 3424 Peachtree Road, NE., #800  
CITY-ST-ZIP Atlanta, GA 30326

☐ 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

Douglas W. Bennett, Director

Date

850/488-4406

Daytime Phone #

CR2E034 (9/99)