

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S70874

1. Entity Name
FERRELL GROUP, INC.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90356 017 ***150.00

Principal Place of Business

Mailing Address

10910 DONAMERE DR
ALPHARETTA GA 30022
US

P.O. BOX 723177
ATLANTA GA 31139-3177
US

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 65-0275145

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

~~CLARK, TONNA~~
~~770 441-1010~~
~~300001-0000~~

GERALD BELAND
212 HOWARD Drive
Belleair Beach, FL 34634

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 *Joseph A. Ferrell*
Signature, typed or printed name of registered agent and title if applicable.

Joseph A. Ferrell, President

(NOTE: Registered Agent signature required when reinstating)

2/20/01
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	OD	<input type="checkbox"/> Delete
NAME	GILLET, CHRISTOPHER R.	
STREET ADDRESS	110 EAGLE RIDGE DR.	
CITY-ST-ZIP	CANTON GA 30114	
TITLE	OD	<input type="checkbox"/> Delete
NAME	FERRELL, JOSEPH C.	
STREET ADDRESS	10910 DONAMERE DR.	
CITY-ST-ZIP	ALPHARETTA GA 30022	
TITLE	OD	<input type="checkbox"/> Delete
NAME	FERRELL, SANDRA B	
STREET ADDRESS	10910 DONAMERE DR	
CITY-ST-ZIP	ALPHARETTA GA 30022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph A. Ferrell*

Joseph A. Ferrell

2/20/01
Date

770 619 9997
Daytime Phone #

CR2E034 (10/00)