2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # 5308 )					FILED			
Horizon Appraisal Services, Inc.					I has been been			
	· · · · · · · · · · · · · · · · · · ·	•		·	OO APR 14 AM	9: 06		
Principal Place of Business Mailing Address				SECKETARY OF STATE				
Jackso		225 Water Stree	_	32202	TALLAHASSEE.	FLORIDA	4	
	•	Jacksonville, I	, L _	02202				
2. Principal Plac	ce of Business C/O The Printice	3. Mailing AddressC / O T	he P	rentice-	1			
Hall Corp. System, Inc. Hall Corporation			System, In	-1				
Suite, Apt. #, etc.   Suite, Apt. #, etc.   1201 Hays St., Suite 105   1201 Hays St., Su			DO NOT WRITE IN THIS SPACE					
City & State		City & State	<u>, 5u</u>	Tre IA	4. FEI Number	A	plied For	
Tallah	assee, FL	Tallahassee,		<del></del> :	59-2193986	<del></del> _	ot Applicable	
z <sub>ip</sub> 32301	Country USA	Zip 32301	Count	ury USA	5. Certificate of Status Desired	\$8.75 Addit		
	6, Name and Address of Current Regis			OBA	7. Name and Address of New Registered Agen			
The Pr	rentice-Hall Corpora		nc.	Name	_			
	Hays Street, Suite 1			Street Address (P.	O. Box Number is Not Acceptable)			
	nassee, FL 32301							
				City	FL	Zip Code		
8. The above na	amed entity submits this statement for the pu	rpose of changing its registered	office or r	registered agent, or	both, in the State of Florida.			
	•							
SIGNATURE .			<u> </u>		·			
	Signature, typed or printed name of registered agent			tered Agent signature req	uired when reinstating) DATE			
	tion is eligible to satisfy its intangible	ATRIBLE T			10. Election Campaign Financing	\$5.00	May Be	
Tax filling re (See criteria	quirement and elects to do so.	Make Check Fayah	000000000000000000000000000000000000000		CONTRACTOR IN 181 PROPERTY I CONTRACTOR I	Added	to Fees	
11.	OFFICERS AND D	RECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN	11	
TITLE	Senior Vice Preside	nt Delete	TITLE			Change	Addition	
NAME	Robert L. Andersen		NAME				]	
STREET ADDRESS CITY - ST- ZIP	301 S. College Stre Charlotte, NC 2828	et ennean	F	ST- ZIP			. 1	
TITLE	Secretarylliller, 3	Delete	TITLE			Change	Addition	
NAME	Jerry M. Miller, Jr		NAME				_	
STREET ADDRESS	301 S. College Stre	et		T ADDRESS				
CITY- ST- ZIP	Charlotte, NC 2828			ST-ZIP			Addition	
TITLE NAME	Treasurer Christopher D. Dvai	Delete es	NAME			Change		
STREET ADDRESS	301 S. College Stre		- [	T ADDRESS			. ]	
CITY - ST- ZIP	Charlotte, NC 2828		CITY -	ST- ZIP				
TILE	Director	Delete	πιε	4	<u>l</u> S	Change	Addition	
NAME STREET ADDRESS	David M. Carroll		NAME	T ADDRESS			1	
CITY- ST- ZIP	301 S. College Str Charlotte, NC 282	eet 88		ST-ZIP				
TITLE		Delate	TITLE		30000321	Chappe	Addition	
NAME		<u>—</u>	NAME	i	30000321	OIS	<b>~</b> ]	
STREET ADORESS: CITY- ST- ZIP			1	T ADDRESS   ST-ZIP	•		Í	
TITLE		Delete	TITLE		<del></del>	Change	Addition	
NAME .		Cheese	NAME					
STREET ADDRESS	٠	•		ET ADDRESS			}	
CITY - ST- ZIP		- 4		ST- ZIP	Wh Shorida Stateman I further marks that the Info	ion indicated a	of this record	
13. I hereby cer	tify that the information supplied with this fills ental report is true and accurate and that my	ig goes not qualify for the exemp signature shall have the same le	non state gal effect	u in Section 119.07(3 Las if made under oat	i)(i), Florida Statutes. I further certify that the Informat h; that I am an officer or director of the corporation of	the receiver of	r trustee	

or supplemental report is true and good at most my signature shall nave the same legal effect as it 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Andersen

4/13/00

704/374-6611

pg. 20/2



ACCOUNT NO. : 072100000032

REFERENCE :

167868A

AUTHORIZATION

i truit

COST LIMIT

: \$ 150.00

668307

ORDER DATE: April 14, 2000

ORDER TIME : 4:02 PM

ORDER NO. : 663307-020

CUSTOMER NO:

167868A

CUSTOMER: Lisa P. Clontz, Legal Asst

First Union Corporation
One First Union Ctr

One First Union Ctr Legal Dept. - 31st Floor

Charlotte, NC 28288

ANNUAL REPORT FILING

NAME:

HORIZON APPRAISAL SERVICES,

INC.

XX \_\_\_ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Erika Carlson

EXAMINER'S INITIALS:

