

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90031 039 ***150.00

DOCUMENT # 810357

1. Entity Name

W.R. BONSAI COMPANY

Principal Place of Business

Mailing Address

**ARROWRIDGE BLVD
 CHARLOTTE NC 28273**

**8201 ARROWRIDGE BLVD
 CHARLOTTE NC 28273-5678**

0 1 0 4 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-0146420

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

Name

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

City

FL

Zip Code

**LAYSTROM, C. WILLIAM
 1177 S.E. 3RD AVENUE
 FORT LAUDERDALE FL 33316**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: CD <input type="checkbox"/> Delete NAME: BONSAI, W R, III STREET ADDRESS: 8201 ARROWRIDGE BLVD CITY-ST-ZIP: CHARLOTTE NC 28273	TITLE: VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: DAVID MASKE STREET ADDRESS: 8201 ARROWRIDGE BLVD CITY-ST-ZIP: CHARLOTTE NC 28273
TITLE: P <input type="checkbox"/> Delete NAME: FERRO, JACOB STREET ADDRESS: 8201 ARROWRIDGE BLVD CITY-ST-ZIP: CHARLOTTE NC 28273	TITLE: VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: JOHNGIE BECK STREET ADDRESS: 8201 ARROWRIDGE BLVD CITY-ST-ZIP: CHARLOTTE NC 28273
TITLE: ST <input checked="" type="checkbox"/> Delete NAME: POWELL, GERRY STREET ADDRESS: 8201 ARROWRIDGE BLVD CITY-ST-ZIP: CHARLOTTE NC 28273	TITLE: ASST S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: PAULA M. MARTIN STREET ADDRESS: 8201 ARROWRIDGE BLVD CITY-ST-ZIP: CHARLOTTE NC 28273
TITLE: D <input type="checkbox"/> Delete NAME: PELL, STUYVESANT B STREET ADDRESS: 8201 ARROWRIDGE BLVD CITY-ST-ZIP: CHARLOTTE NC 28273	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D <input type="checkbox"/> Delete NAME: THOMAS JR., JOHN W STREET ADDRESS: 8201 ARROWRIDGE BLVD CITY-ST-ZIP: CHARLOTTE NC 28273	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 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 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:

Paula M. Martin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-00

Date

704 525 1621

Daytime Phone #

CR2E034 (9/99)