

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90094 020 \*\*\*150.00

**DOCUMENT # P15438**

1. Entity Name

**THE FWA GROUP, P.A.**

Principal Place of Business

Mailing Address

**TWO NATIONS BANK PLAZA  
 101 S. TRYON ST.  
 CHARLOTTE NC 28280  
 US**

**TWO NATIONS BANK PLAZA  
 101 S. TRYON ST.  
 CHARLOTTE NC 28280-0002  
 US**

2. Principal Place of Business

3. Mailing Address

**Two Bank of America Plaza**

**Two Bank of America Plaza**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**56-0842904**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIVINGSTON, ROBERT E  
 LIVINGSTON & KALETA  
 THIRD FL., 150 SE 2ND AVE.  
 MIAMI FL 33131**

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 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	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERRILL, GENE</b>	NAME	
STREET ADDRESS	<b>2 BANK OF AMERICA PLAZA</b>	STREET ADDRESS	<b>Two Bank of America Plaza</b>
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	CITY-ST-ZIP	
TITLE	EVP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIXON, CHARLES</b>	NAME	
STREET ADDRESS	<b>TWO BANK OF AMERICA PLAZA</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHERRILL, HARRY D</b>	NAME	
STREET ADDRESS	<b>TWO BANK OF AMERICA PLAZA</b>	STREET ADDRESS	<b>Two Bank of America Plaza</b>
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOUST, WILLIAM F II</b>	NAME	
STREET ADDRESS	<b>TWO BANK OF AMERICA PLAZA</b>	STREET ADDRESS	<b>Two Bank of America Plaza</b>
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCALL, STEVE</b>	NAME	
STREET ADDRESS	<b>TWO NATIONS BANK PLAZA</b>	STREET ADDRESS	<b>Two Bank of America Plaza</b>
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 information.

SIGNATURE:

*Eugene Terrill*

**EUGENE TERRILL**

**4.25.00**

**704.392.7222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P15438  
0008801a

ATTACHMENT

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12. OFFICERS AND DIRECTORS

Additions

Vice President  
Gary R. Lang, AIA  
Two Bank of America Plaza  
Charlotte, NC

Vice President  
Donald R. Cash  
Two Bank of America Plaza  
Charlotte, NC

Vice President  
Barry H. Taylor  
10 Pope Avenue  
Hilton Head, SC 29938