

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000050900**

1. Entity Name

NCG HOLDINGS, INC.

Principal Place of Business

Mailing Address

2252 KILLEARN CTR. BLVD
STE 1A
TALLAHASSEE FL 32308
US

2252 KILLEARN CTR. BLVD
STE 1A
TALLAHASSEE FL 32308-3577
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

59-3383619

Applied For

Not Applicabl

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

MCWILLIAMS, SHANNON P
4138 NEIL COURT
TALLAHASSEE FL 32303

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addit
P	MCWILLIAMS, SHANNON	4138 NEIL COURT	TALLAHASSEE FL 32303	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	JONES, ROBERT E JR.	ROUTE 5, BOX 5235	MONTECELLO FL 32344	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	DELVECCHIO, JOHN A	1805 FOLKSTONE ROAD	TALLAHASSEE FL 32312	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shannon P. McWilliams

2-29-00

810.893.8888

FILED

00 MAR -7 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE
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