

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90059 027 ***550.00

DOCUMENT # 153621

1. Entity Name
MCGINNES LUMBER COMPANY AT PLANT CITY

Principal Place of Business

**W D MCGINNES
 511 S COLLINS ST
 PLANT CITY FLA 33566**

Mailing Address

**W-D MCGINNES MCGINNES LUMBER COMPA
 511 S COLLINS ST C/O CAROLINA HOLDINGS, I...
 PLANT CITY FLA 33566**

A0075474



DO NOT WRITE IN THIS SPACE ,

2. Principal Place of Business

3. Mailing Address

P.O. Box 58515

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RALEIGH, NC

4. FEI Number **59-0353120**

Applied For

Not Applicable

Zip

Country

Zip

Country

27609

USA

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

**C-T-CORPORATION SYSTEM--
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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	P MCGINNES, WD JR 3012 SUTTON WOODS DRIVE PLANT CITY FL 33567 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VORDERBERG, CHRISTOPHER A 1202 PINEDALE DR PLANT CITY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LOVELL, RONALD L 3829 PARKSIDE DR VALRICO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGINNES, WD SR 1004 PINEDALE DRIVE PLANT CITY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & COB FENTON N. HORD 4403 BLAND ROAD RALEIGH, NC 27609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. V.P., CFO, SEC, Treas DAVID W. O'HALLORAN 4403 BLAND ROAD RALEIGH, NC 27609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR. V.P. of OPERATIONS N. STEVEN EDWARDS 4403 BLAND ROAD RALEIGH, NC 27609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. SEC. DONNA W. THAGARD 4403 BLAND ROAD RALEIGH, NC 27609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Secretary

8/25/00

919-431-1000
 Daytime Phone #

CR2E034 (5/00)