

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 264138

1. Entity Name

HUTCHEON ENGINEERS, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90093 009 ***158.75

Principal Place of Business

Mailing Address

3001 WESTON PARKWAY
CARY NC 27513
US

P.O. BOX 33068
RALEIGH NC 27636-3068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0997728

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

BARHAM, BARTON J
4431 EMBARCADERO DR
WEST PALM BEACH FL 33407

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)

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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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WRIGHT ROBERT G.	
STREET ADDRESS	3001 WESTON PARKWAY	
CITY-ST-ZIP	CARY NC	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	WILSON MARK S.	
STREET ADDRESS	3001 WESTON PARKWAY	
CITY-ST-ZIP	CARY NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAGBY JACK T. III	
STREET ADDRESS	6465 COLLEGE PARK SQUARE #200	
CITY-ST-ZIP	VIRGINIA BCH., VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTLETT, DONALD L	
STREET ADDRESS	12700 PARK CENTRAL DR STE 1800	
CITY-ST-ZIP	DALLAS TX 75251	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYRD, MICHAEL N	
STREET ADDRESS	4431 EMBARCADERO DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	27513	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	27513	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	501 Independence Parkway, Suite 300	
CITY-ST-ZIP	Chesapeake, VA 23320	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33407	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. Wilson

February 23, 2000 (919)677-2000

Date

Daytime Phone #

CR2E034 (9/99)