

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 275861

1. Entity Name

JAMES E. PHILLIPS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90100 039 ***150.00

Principal Place of Business

32 E Street
FROSTPROOF, FL 33843

Mailing Address

10801 MARYFIELD LANE
CHARLOTTE, NC 28277

USA

USA

2. Principal Place of Business

3. Mailing Address

10801 MARYFIELD LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHARLOTTE, NC

4. FEI Number

59-1032099

Applied For

Not Applicable

Zip

Country

Zip

Country

28277

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

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	PRESIDENT + DIRECTOR	<input type="checkbox"/> Delete
NAME	GLADYS H. PHILLIPS	
STREET ADDRESS	32 E STREET	
CITY-ST-ZIP	FROSTPROOF, FL 33843	
TITLE	VICE PRESIDENT + TREASURER	<input type="checkbox"/> Delete
NAME	ANNE M. BUTLER	
STREET ADDRESS	10801 MARYFIELD LANE	
CITY-ST-ZIP	CHARLOTTE, NC 28277	
TITLE	VICE PRESIDENT + SECRETARY	<input type="checkbox"/> Delete
NAME	LESLIE M. SNELL	
STREET ADDRESS	4519 KEENELAND LANE	
CITY-ST-ZIP	CHARLOTTE, NC 28216	
TITLE	VICE PRESIDENT + DIRECTOR	<input type="checkbox"/> Delete
NAME	KEITH G. BUTLER	
STREET ADDRESS	10801 MARYFIELD LANE	
CITY-ST-ZIP	CHARLOTTE, NC 28277	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	JAMES B. McDONALD, II	
STREET ADDRESS	11230 BALLANTYNE TRACE CT. C-8	
CITY-ST-ZIP	CHARLOTTE, NC 28277	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH G. BUTLER

APRIL 17, 2000

Date

704-543-1645

Daytime Phone #

CR2E034 (9/99)