

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 857734

1. Entity Name

WELCOME HOME, INC. OF NC

Principal Place of Business

Mailing Address

309 RALEIGH ST.
WILMINGTON NC 28412

309 RALEIGH ST.
WILMINGTON NC 28412

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 56-1379322

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 \$150.00
After MAY 1, 2001 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	D	<input type="checkbox"/> Delete
NAME	JORDAN, JOHN W	
STREET ADDRESS	9 WEST 57TH ST	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPIELBERGE	
STREET ADDRESS	1751 LAKE COOK RD	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUINN, THOMAS	
STREET ADDRESS	1751 LAKE COOL AVE	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	P	<input type="checkbox"/> Delete
NAME	HILLMANN, JOHN J	
STREET ADDRESS	309 RALIEGH STREET	
CITY-ST-ZIP	WILMINGTON NC 28412	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FISHER, G. ROBERT	
STREET ADDRESS	ONE KANSAS CITY PLACE, 35TH FL 1200 MN ST	
CITY-ST-ZIP	KANSAS CITY MO 64105	
TITLE	VPCO	<input type="checkbox"/> Delete
NAME	DUDECK, MARK	
STREET ADDRESS	7522 MASONBORO SOUND RD	
CITY-ST-ZIP	WILMINGTON NC 28403	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

4/20/01

Date

910-791-4312

Daytime Phone #

CR2E034 (10/00)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90001 024 ***150.00



DO NOT WRITE IN THIS SPACE