

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002097

1. Entity Name

YONKERS INDUSTRIES, INC.

Principal Place of Business

2000 REGENCY PARKWAY, SUITE 465  
CARY NC 27511

Mailing Address

2000 REGENCY PARKWAY, SUITE 465  
CARY NC 27511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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 PD ☐ Delete  
NAME COSTELLO, TERRY W  
STREET ADDRESS 2000 REGENCY PARKWAY, SUITE 465  
CITY-ST-ZIP CARY NC 27511

TITLE VAS ☒ Delete  
NAME BOWERS, EUGENE S  
STREET ADDRESS 2000 REGENCY PARKWAY, SUITE 465  
CITY-ST-ZIP CARY NC 27511

TITLE CD ☐ Delete  
NAME YONKERS, JAMES T  
STREET ADDRESS 2000 REGENCY PARKWAY, SUITE 465  
CITY-ST-ZIP CARY NC 27511

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME ST Doyal Lee Barnett  
STREET ADDRESS 2000 Regency Parkway, Suite 465  
CITY-ST-ZIP Cary, NC 27511

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

01/05/01

Date

919-469-9903

Daytime Phone #

CR2E034 (10/00)

0577921

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90098 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE