

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000538

1. Entity Name

OLD DOMINION BOX COMPANY, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90234 006 \*\*\*550.00

Principal Place of Business

P.O. BOX 680  
 LYNCHBURG VA 24505

Mailing Address

P.O. BOX 680  
 LYNCHBURG VA 24505

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-0324790

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

SHELLABARGER, DONALD E  
 8806 VENTURE COVE  
 TEMPLE TERRACE FL 33637

Name  
 Ronald Lee Aylor

Street Address (P.O. Box Number is Not Acceptable)  
 8806 Venture Cove

City  
 Temple Terrace FL Zip Code  
 33637

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 Ronald Lee Aylor Ronald Lee Aylor General Manager 9-8-00  
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  
 CD  
 BUHLER, FRANK H.  
 3124 SEDGEWICK DR.  
 LYNCHBURG VA ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 President  
 Michael O. Buhler  
 5058 Boonesboro Road  
 Lynchburg, VA 24503 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VD  
 BUHLER, JEANNE O  
 3124 SEDGEWICK DR.  
 LYNCHBURG VA 24503 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Vice President-Finance  
 Thomas B. Scott  
 5101 Inglewood Road  
 Lynchburg, VA 24503 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 FRANCIS, R. LEWIS  
 565 WINFALL RD  
 GLADYS VA 24554 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Director  
 Clayton Davis  
 1058 Hillwood Court  
 Forest, VA 24551 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VPA  
 LANKFORD, T. WAYNE  
 13 LAKESIDE DR.  
 LYNCHBURG VA ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Director  
 Stuart J. Turille  
 3020 Cranefield Drive  
 Lynchburg, VA 24503 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 BALDWIN, BERNARD C III  
 408 TRENTS FERRY RD.  
 LYNCHBURG VA 24503 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VPM  
 BUHLER, AMY S.  
 5101 INGLEWOOD RD  
 LYNCHBURG VA 24503 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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: Wayne Lankford 8/31/00 804-929-6701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 VP Admin. &