

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000003986

Entity Name
AMLEASE CORPORATION

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90021 022 ***150.00

Principal Place of Business
STUART ANDREW BLVD
200
NC 28217

Mailing Address
4421 STUART ANDREW BLVD
SUITE 200
CHARLOTTE NC 28217-2557

B0018679



DO NOT WRITE IN THIS SPACE

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
51-0349046

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOS	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOTSCH, ROBERT M		NAME		
STREET ADDRESS	4421 STUART ANDREW BLVD #200		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28217		CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANO, STEVE		NAME		
STREET ADDRESS	4421 BARCLAY DOWNS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28209		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, DAVID G		NAME		
STREET ADDRESS	4421 STUART ANDREW BLVD #200		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28217		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTLEMAN, PETER		NAME		
STREET ADDRESS	237 GREENLEY RD		STREET ADDRESS		
CITY-ST-ZIP	NEW CANAAN CT 06840		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIGPEN, JOHN B.		NAME		
STREET ADDRESS	4421 STUART ANDREW BLVD., STE.200		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	James Neal	
STREET ADDRESS			STREET ADDRESS	4421 Stuart Andrew Blvd #200	
CITY-ST-ZIP			CITY-ST-ZIP	Charlotte NC 28217	

3. 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: *James Neal* REQUIRED Ass't Sec James Neal 1/19/00 (704) 523-2191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 7309

CR2E034 (9/99)