

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000000610**

1. Entity Name

FIRST GREENSBORO HOME EQUITY, INC.**FILED****May 12, 2000 8:00 am**
Secretary of State

05-12-2000 90033 036 ***150.00

Principal Place of Business

Mailing Address

1801 STANLEY RD
SUITE #400
GREENSBORO NC 27407
US1801 STANLEY RD
SUITE #400
GREENSBORO NC 27407-2644
US

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

56-1669598

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****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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 ☐ Delete
NAME **CP**
STREET ADDRESS **JORDAN, WEBSTER C JR.**
CITY-ST-ZIP **4602 N CARDINAL COVE LANE**
GREENSBORO NC 27410TITLE ☐ Change ☒ Addition
NAME **VD**
STREET ADDRESS **Robert W. Garrison**
CITY-ST-ZIP **2906 Cabarrus Drive**
Greensboro NC 27407TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MAULDIN, ROBERT R**
CITY-ST-ZIP **109 ESSEX CT**
ROCKY MOUNT NC 27803TITLE ☐ Change ☒ Addition
NAME **SD**
STREET ADDRESS **Layne A. Fuller**
CITY-ST-ZIP **5307 Wayne Road**
Greensboro NC 27407TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PATTILLO, FRANK L**
CITY-ST-ZIP **3712 WINCHESTER RD**
ROCKY MOUNT NC 27804TITLE ☐ Change ☒ Addition
NAME **TD**
STREET ADDRESS **Robert Bennett, Jr.**
CITY-ST-ZIP **405 Rhododendron Drive**
Chapel Hill NC 27514TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COLVARD, BEN H**
CITY-ST-ZIP **9530 VALLEY MEDE CT**
ELLICOTT CITY MD 21042TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **William H. Wilkerson**
CITY-ST-ZIP **336 Iron Horse Road**
Rocky Mount NC 27804TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BRAY, DORIS R**
CITY-ST-ZIP **1911 BAYTREE DR**
GREENSBORO NC 27407TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Charles A. Caswell**
CITY-ST-ZIP **109 Milby Court**
Rocky Mount NC 27804TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SEWELL, CECIL W**
CITY-ST-ZIP **325 IRON HORSE RD**
ROCKY MOUNT NC 27804TITLE ☐ 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:**Layne A. Fuller**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

(336) 855-4925

Daytime Phone #

CR2E034 (9/99)