## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 14, 2000 8:00 am Secretary of State DOCUMENT # F96000003226 1. Entity Name THE QUAKER AGENCY OF THE SOUTH, INC. 03-14-2000 90050 021 \*\*\*150.00 Principal Place of Business Mailing Address 20 GREENWICH RD. 120 GREENWICH RD. CHARLOTTE NC 28211 CHARLOTTE NC 28211-2335 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 56-1559982 Not Applicable \$8.75 Additional Zip Country Ζiρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATTHEWS, DANA C Street Address (P.O. Box Number is Not Acceptable) 607 HWY 98 E. **DESTIN FL 32541** Zip Code City -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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition PDC ☐ Delete TITLE TITLE NAME WALSH, FRANK M NAME STREET ADDRESS STREET ADDRESS 120 GREENWICH RD. CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28211 ☐ Addition Change VST ☐ Delete TITLE TITLE NAME SANDERS, DOUGLAS J NAME STREET ADDRESS STREET ADDRESS 120 GREENWICH RD. CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28211 ☐ Change Addition Delete TITLE SANDERS, DOUGLAS J NAME STREET ADDRESS STREET ADDRESS 120 GREENWICH RD. CITY-ST-ZIE CITY-ST-ZIP **CHARLOTTE NC 28211** ☐ Addition ☐ Change TITLE VSD ☐ Delete SECOR, JUDITH W NAME NAME STREET ADDRESS STREET ADDRESS 120 GREENWICH RD. CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28211 Change ☐ Addition Delete TITLE TITLE MCKAIG, A S III NAME NAME STREET ADDRESS STREET ADDRESS 219 GREENWICH RD. CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28211 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 POINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00 (704) 365-6101 Daylime Phone #