

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006081

1. Entity Name

FIRST GREENSBORO CAPITAL CORPORATION

**FILED**  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90189 021 \*\*\*150.00

Principal Place of Business

5909 SHELBY OAKS. STE. 137  
MEMPHIS TN 38134

Mailing Address

5909 SHELBY OAKS. STE. 137  
MEMPHIS TN 38134

C0058161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

882 Willow Tree Circle

Suite, Apt. #, etc.  
Suite 201

3. Mailing Address

882 Willow Tree Circle

Suite, Apt. #, etc.  
Suite 201

City & State

Cordova TN

City & State

Cordova TN

4. FEI Number

62-1702222

Applied For

Not Applicable

Zip

38018

Country

US

Zip

38018

Country

US

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, 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 JORDAN, W.C. JR.  
STREET ADDRESS 4602 N. CARDINAL COVE LN.  
CITY-ST-ZIP GREENSBORO NC 27410

TITLE TD ☐ Change ☒ Addition  
NAME James P. Cox  
STREET ADDRESS 20 Satterfield Place  
CITY-ST-ZIP Greensboro NC 27410

TITLE SD ☐ Delete  
NAME FULLER, LAYNE A  
STREET ADDRESS 5307 WAYNE RD.  
CITY-ST-ZIP GREENSBORO NC 27407

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

TITLE VPD ☐ Delete  
NAME GARRISON, ROBERT W  
STREET ADDRESS 2203 LEONA DR.  
CITY-ST-ZIP GREENSBORO NC 27407

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

TITLE D ☒ Delete  
NAME BENNETT, ROBERT JR.  
STREET ADDRESS 405 RHODODENDRON DR.  
CITY-ST-ZIP CHAPEL HILL NC 27514

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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

4/27/01

Date

(336) 855-4925

Daytime Phone #

CR2E034 (10/00)