## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am - Secretary of State DOCUMENT # F98000000205 1. Entity Name JEFFERSON-PILOT SPORTS, INC. 04-23-2001 90129 016 \*\*\*150.00 Principal Place of Business Mailing Address 100 N. GREENE STREET 100 N. GREENE STREET GREENSBORO NC 27401 GREENSBORO NC 27401 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 56-2058765 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change Delete TITLE TITLE HULL, EDWARD M NAME NAME STREET ADDRESS STREET ADDRESS ONE JULIAN PRICE PLACE CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 27401 ☐ Delete TITLE Change Addition TITI F WEATHERLY, JOSEPH E NAME NAME 100 N. GREENE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GREENSBORO NC 27401** CITY-ST-ZIP VSD TITLE ☐ Addition ☐ Delete TITLE MCALISTER, DANIEL K NAME NAME STREET ADDRESS STREET ADDRESS 100 N. GREENE STREET CITY-ST-ZIP CITY-ST-ZIP **GREENSBORO NC 27401** ☐ Change ☐ Addition TITLE ☐ Delete TITLE STONE, THERESA M NAME NAME STREET ADDRESS STREET ADDRESS 100 N. GREENE STREET CITY-ST-ZIP CITY-ST-ZiP GREENSBORO NC 27401 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Bankl Daniel

Daniel K. Mc Alister

4/16/01

336-691-331

Daytime Phor