

2000 UNIFORM BUSINESS REPORT (UBR)

1

DOCUMENT # F99114

1. Entity Name

O.R.E.O., INC.

FILED

00 JAN 28 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Mailing Address
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301-2615

2. Principal Place of Business
c/o The Prentice-Hall Corporation System
Suite, Apt. #, etc.
1201 Hays St., Suite 105
City & State
Tallahassee, FL
Zip
32301
Country

3. Mailing Address
c/o The Prentice-Hall Corporation System
Suite, Apt. #, etc.
1201 Hays St., Suite 105
City & State
Tallahassee, FL
Zip
32301
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2497782
Applied For
Not Applied For

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

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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

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 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	S	<input checked="" type="checkbox"/> Delete		TITLE	Secretary & Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MILLER, JERRY M JR			NAME	David A. Drake		
STREET ADDRESS	301 S COLLEGE ST			STREET ADDRESS	301 S. College Street		
CITY-ST-ZIP	CHARLOTTE NC			CITY-ST-ZIP	Charlotte, NC 28288-0630		
TITLE	SVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, ROBERT L			NAME			
STREET ADDRESS	301 SOUTH COLLEGE STREET			STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28288-0630			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COWELL, MARION A JR			NAME	Keith D. Lembo		
STREET ADDRESS	301 SOUTH COLLEGE STREET			STREET ADDRESS	301 S. College Street		
CITY-ST-ZIP	CHARLOTTE NC 28288-0630			CITY-ST-ZIP	Charlotte, NC 28288-0630		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRUTCHFIELD, EDWARD E			NAME			
STREET ADDRESS	301 SOUTH COLLEGE STREET			STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28288-0630			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GEORGIUS, JOHN R			NAME			
STREET ADDRESS	301 SOUTH COLLEGE STREET			STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE NC 28288-0630			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Robert L. Andersen REQUIRE Robert L. Andersen 1/26/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #