

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90083 032 ***150.00

DOCUMENT # **J67691**

1. Entity Name
PHILLIPS MANAGEMENT COMPANY

PARTM

Principal Place of Business

**123 W HIRTH RD
OFFICE
FERNANDINA BCH FL 32034
US**

Mailing Address

**C/O WADE DOGGETT
P.O. DRAWER 9515
GREENSBORO NC 27429**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2806266

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

SNED, WILLIAM H., JR.

218 DATURA STREET

WEST PALM BEACH FL 33402

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, 2002 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 **PHILLIPS, KERMIT G., II**
STREET ADDRESS **123 W HIRTH RD OFFICE**
CITY-ST-ZIP **FERNANDINA BCH FL**

TITLE **VD** ☒ Delete
NAME **PHILLIPS, KEITH P.**
STREET ADDRESS **1400 BATTLEGROUND AVE.**
CITY-ST-ZIP **GREENSBORO NC**

TITLE **S** ☐ Delete
NAME **BELANGIA, WILLIAM R.**
STREET ADDRESS **1508 SANDPENNY ISLAND**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **T** ☐ Delete
NAME **DOGGETT, WADE D**
STREET ADDRESS **1400 BATTLEGROUND AVE**
CITY-ST-ZIP **GREENSBORO NC**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR + VICE - PRESIDENT** ☒ Change ☐ Addition
NAME **WILLIAM R. BELANGIA**
STREET ADDRESS **1508 SANDPENNY ISLAND**
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **DIRECTOR + TREASURER** ☒ Change ☐ Addition
NAME **D. WADE DOGGETT**
STREET ADDRESS **1400 BATTLEGROUND AVE.**
CITY-ST-ZIP **GREENSBORO, NC 27408**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **BRENDA TURNER**
STREET ADDRESS **1400 BATTLEGROUND AVE.**
CITY-ST-ZIP **GREENSBORO, NC 27408**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **TIM HARRIS**
STREET ADDRESS **1400 BATTLEGROUND AVE**
CITY-ST-ZIP **GREENSBORO, NC 27408**

TITLE ☐ Change ☐ Addition
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: **D. Wade Doggett**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-02 **336 274-2481**
Date Daytime Phone #

CR2E034 (9/01)