

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J68141

1. Entity Name

FNB PROPERTIES, INC.

FILED

00 FEB 25 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301-2615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2863606

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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** Delete
NAME MILLER, JERRY M JR
STREET ADDRESS 301 S COLLEGE ST
CITY-ST-ZIP CHARLOTTE NC

TITLE SENIOR VICE PRESIDENT Change Addition
NAME MILLER, JERRY M JR
STREET ADDRESS 301 S COLLEGE ST
CITY-ST-ZIP CHARLOTTE, NC 28288-0630

TITLE **SVP** Delete
NAME ANDERSON, ROBERT L
STREET ADDRESS 301 SOUTH COLLEGE STREET
CITY-ST-ZIP CHARLOTTE NC 28288-0630

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 300003148303--2

TITLE **D** Delete
NAME CRUTCHFIELD, EDWARD E
STREET ADDRESS 301 SOUTH COLLEGE STREET
CITY-ST-ZIP CHARLOTTE NC 28288-0630

TITLE DIRECTOR Change Addition
NAME KEITH D. LEMBO
STREET ADDRESS 301 S. COLLEGE ST
CITY-ST-ZIP CHARLOTTE, NC 28288-0630

TITLE **D** Delete
NAME COWELL, MARION A JR
STREET ADDRESS 301 SOUTH COLLEGE STREET
CITY-ST-ZIP CHARLOTTE NC 28288-0630

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME GEORGIUS, JOHN R
STREET ADDRESS 301 SOUTH COLLEGE STREET
CITY-ST-ZIP CHARLOTTE NC 28288-0630

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT & SECRETARY Change Addition
NAME DAVID A. DRAKE
STREET ADDRESS 301 S. COLLEGE ST
CITY-ST-ZIP CHARLOTTE, NC 28288-0630

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

Keith D. Lembo

2-15-00

Date

(704) 374-4051

Daytime Phone #

CR2E034 (9/99)

KE

2



ACCOUNT NO. : 072100000032

REFERENCE : 602329 167868A

AUTHORIZATION : *Katricia Kynt*

COST LIMIT : \$ 150.00

ORDER DATE : February 25, 2000

ORDER TIME : 2:03 PM

ORDER NO. : 602329-015

CUSTOMER NO: 167868A

CUSTOMER: Lisa P. Clontz, Legal Asst
First Union Corporation
One First Union Ctr
Legal Dept. - 31st Floor
Charlotte, NC 28288

ANNUAL REPORT FILING

NAME: FNB PROPERTIES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

RECEIVED
 00 FEB 25 PM 3:06
 EXAMINER'S INITIALS: _____
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA