

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000558

1. Entity Name

WEAVER COOKE CONSTRUCTION, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 AM 11:04



DO NOT WRITE IN THIS SPACE

Principal Place of Business

324 WEST WENDOVER AVENUE  
GREENSBORO NC 27408

✓ Mailing Address

P.O. BOX 26030  
GREENSBORO NC 27420-6030

2. Principal Place of Business

7900 McCloud Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

City & State  
Greensboro NC

City & State

4. FEI Number

56-1992075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

Zip

Country USA

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

3/16/00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM  
KIRKLAND, MILTON L  
STREET ADDRESS 324 WEST WENDOVER AVENUE  
CITY- ST- ZIP GREENSBORO NC 27408 ☐ Delete

TITLE NAME MGRM  
COOKE, MICHAEL R  
STREET ADDRESS 324 WEST WENDOVER AVENUE  
CITY- ST- ZIP GREENSBORO NC 27408 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME  
STREET ADDRESS 7900 McCloud Rd Ste 200  
CITY- ST- ZIP Greensboro, NC 27409 ☒ Change ☐ Addition

TITLE NAME  
STREET ADDRESS 7900 McCloud Rd Ste 200  
CITY- ST- ZIP Greensboro, NC 27409 ☒ Change ☐ Addition

TITLE NAME  
STREET ADDRESS 300003179333--1  
CITY- ST- ZIP -03/22/00--01022--023 ☐ Change ☐ Addition

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Michael K. Cooke  
Michael K. Cooke  
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/10/00

Date

(334) 378-7900

Daytime Phone #

CR2E083 (9/99)