

# 2000 UNIFORM BUSINESS REPORT (UBR)

0013764 AF

DOCUMENT # M98000001288

1. Entity Name  
HIGHWAY 92 GROUP, L.L.C.

Principal Place of Business  
121 W. TRADE STREET, SUITE 2250  
CHARLOTTE NC 28202

Mailing Address  
121 W. TRADE STREET, SUITE 2250  
CHARLOTTE NC 28202-5399

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

00 MAR 27 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 31-6401653

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME NORWOOD, PHILIP W  
STREET ADDRESS 1900 INTERSTATE BLDG., 121 W. TRADE ST.  
CITY-ST-ZIP CHARLOTTE NC 28202

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

TITLE MGR ☐ Delete  
NAME SESLER, RICHARD G  
STREET ADDRESS 1900 INTERSTATE BLDG., 121 W. TRADE ST.  
CITY-ST-ZIP CHARLOTTE NC 28202

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

TITLE MGR ☐ Delete  
NAME JACKSON, ALLEN S  
STREET ADDRESS 1900 INTERSTATE BLDG., 121 W. TRADE ST.  
CITY-ST-ZIP CHARLOTTE NC 28202

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

TITLE MGR ☐ Delete  
NAME MCCOY, J. MARTIN  
STREET ADDRESS 1900 INTERSTATE BLDG., 121 W. TRADE ST.  
CITY-ST-ZIP CHARLOTTE NC 28202

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 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.

HIGHWAY 92 GROUP, L.L.C.  
BY: ALLEN S. JACKSON JR. MANAGER  
SIGNATURE: \_\_\_\_\_

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

2-9-00 704-972-2515

Date Daytime Phone #

CR2E083 (9/99)