

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001353

1. Entity Name

LOCKWOOD GREENE E & C, LLC

FILED

00 JAN 24 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1500 INTERNATIONAL DRIVE
SPARTANBURG SC 29303

Mailing Address

PO BOX 6280
SPARTANBURG SC 29304-6280

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2144570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME HAMER, DOUG
STREET ADDRESS 1500 INTERNATIONAL DRIVE
CITY- ST- ZIP SPARTANBURG SC 29303 ☐ Delete

TITLE MGR
NAME HALL, W. BARRY
STREET ADDRESS 250 WILLIAMS STREET, SUITE 4000
CITY- ST- ZIP ATLANTA GA 30303 ☐ Delete

TITLE MGR
NAME GELBAR, TIMOTHY P
STREET ADDRESS JA JONES DRIVE
CITY- ST- ZIP CHARLOTTE NC 28787 ☐ Delete

TITLE MGR
NAME HINDS, ROBERT C
STREET ADDRESS 1500 INTERNATIONAL DRIVE
CITY- ST- ZIP SPARTANBURG SC 29303 ☐ Delete

TITLE MGR
NAME STIDHAM, WENDELL B
STREET ADDRESS 1500 INTERNATIONAL DRIVE
CITY- ST- ZIP SPARTANBURG SC 29303 ☐ Delete

TITLE MGR
NAME BRUNE, FRED M
STREET ADDRESS 1500 INTERNATIONAL DRIVE
CITY- ST- ZIP SPARTANBURG SC 29303 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
200003118422 ☐ Change ☐ Addition
-02/01/00--01068--013
*****50.00 *****50.00

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

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 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.

SIGNATURE:

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

Robert C. Hinds,

1/13/2000

Date

(644) 578-2000

Daytime Phone #