

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-19-2001 90442 028 ****61.25

DOCUMENT # N00000001731

1. Entity Name

MID-ATLANTIC HTE USER'S GROUP, INC.

Principal Place of Business

**211 JOHNSON BOULEVARD
JACKSONVILLE, NC 28540**

Mailing Address

**P.O. BOX 128
JACKSONVILLE NC 28541**

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

56-2189458

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

**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

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 \$61.25**

 9. Election Campaign Financing
 Trust Fund Contribution. ☐
\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	AVRIL PINDER	
STREET ADDRESS	211 JOHNSON BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE NC 28540	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROBERT BILLOS	
STREET ADDRESS	300 SOUTH MAIN STREET	
CITY-ST-ZIP	MOUNT AIRY NC 27030	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CAROLYN STOKLEY	
STREET ADDRESS	409 MARKET STREET	
CITY-ST-ZIP	WILMINGTON NC 28402	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STEVE LANDRITH	
STREET ADDRESS	206 SOUTH MAIN STREET	
CITY-ST-ZIP	GREENVILLE SC 27602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AVRIL PINDER	
STREET ADDRESS	211 JOHNSON BOULEVARD	
CITY-ST-ZIP	JACKSONVILLE NC 28540	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT BILLOS	
STREET ADDRESS	300 SOUTH MAIN STREET	
CITY-ST-ZIP	MOUNT AIRY NC 27030	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLYN STOKLEY	
STREET ADDRESS	409 MARKET STREET	
CITY-ST-ZIP	WILMINGTON NC 28402	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE LANDRITH	
STREET ADDRESS	206 SOUTH MAIN STREET	
CITY-ST-ZIP	GREENVILLE SC 27602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANALYST REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01 **191938-5245**
 Date Daytime Phone #

CR2E037 (10/00)