

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P14527

1. Entity Name

HENDRICK MANAGEMENT CORPORATION

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90025 027 ***150.00

Principal Place of Business Mailing Address
6000 MONROE RD. SUITE 100 6000 MONROE RD. SUITE 100
P.O. BOX 18649 (28218) P.O. BOX 18649 (28218)
CHARLOTTE NC 28212 CHARLOTTE NC 28212-6178

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 56-1539967
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

THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS STREET, SUITE 105
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD	☐ Delete
NAME	PERKINS, J. C.	
STREET ADDRESS	6000 MONROE RD STE 100	
CITY-ST-ZIP	CHARLOTTE NC 28212	
TITLE	VS	☐ Delete
NAME	MUSGRAVE, WILLIAM O.	
STREET ADDRESS	6000 MONROE RD.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VP	☐ Delete
NAME	HUZI, J.F.	
STREET ADDRESS	6000 MONROE RD.	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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: James F. Huzl James F. Huzl, Vice President 4/13/00 (704) 568-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)