

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P18220

1. Entity Name

FIRST SHANNON REALTY OF NORTH CAROLINA, INC.

Principal Place of Business

Mailing Address

660 BEAVER CREEK CIRCLE  
MAUMEE OH 43537  
US

PO BOX 931  
TOLEDO OH 43697-0931  
US

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 31-1216427

Applied For  
Not Applied

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

CT CORPORATION SYSTEM  
1200 S. 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

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	FILCEK, RODNEY R	
STREET ADDRESS	1801 RICHARDS RD	
CITY-ST-ZIP	TOLEDO OH 43607	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEINGROW, SHERYL A	
STREET ADDRESS	4500 DORR STREET	
CITY-ST-ZIP	TOLEDO OH 43615	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HICKERSON, CHERYL	
STREET ADDRESS	1801 RICHARDS RD	
CITY-ST-ZIP	TOLEDO OH 43607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AHLBERG, JON P	
STREET ADDRESS	1801 RICHARDS RD	
CITY-ST-ZIP	TOLEDO OH 43607	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHULTZ, EDWARD J	
STREET ADDRESS	1801 RICHARDS RD	
CITY-ST-ZIP	TOLEDO OH 43607	
TITLE	AT	<input type="checkbox"/> Delete
NAME	HANSEN, AMY L	
STREET ADDRESS	1801 RICHARDS ROAD	
CITY-ST-ZIP	TOLEDO OH 43607	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Letitia Martin	
STREET ADDRESS	1801 Richards Rd.	
CITY-ST-ZIP	Toledo, OH 43607	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-00

Date

(419) 897-7380

Daytime Phone #

FILED  
Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90100 018 \*\*\*150.00

901400



DO NOT WRITE IN THIS SPACE