

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90060 029 \*\*\*150.00

**DOCUMENT # P31645**

1. Entity Name

**MERIDIAN FINANCIAL SERVICES, INC.**

Principal Place of Business

Mailing Address

86-B ASHELAND AVE.  
 ASHEVILLE NC 28801-4081  
 US

P O BOX 1410  
 ASHEVILLE NC 28802-1410  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**56-1663191**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP**  Delete  
 NAME **MCFARLAND, JOHN S.**  
 STREET ADDRESS **701 BANE BERRY CT**  
 CITY-ST-ZIP **ASHEVILLE NC 28803**

TITLE **Executive Vice President**  Change  Addition  
 NAME **Jeanette E. Marbert**  
 STREET ADDRESS **6262 Sunset Dr.**  
 CITY-ST-ZIP **Miami, FL 33143**

TITLE **VP**  Delete  
 NAME **KINSER, F. CINDY**  
 STREET ADDRESS **10 BEAR MOUNTAIN ROAD**  
 CITY-ST-ZIP **ASHEVILLE NC 28804**

TITLE **CFO/Treasurer**  Change  Addition  
 NAME **William Carl Drew**  
 STREET ADDRESS **6262 Sunset Dr.**  
 CITY-ST-ZIP **Miami, FL 33143**

TITLE **P**  Delete  
 NAME **SHEPERD, GREGORY B.**  
 STREET ADDRESS **7 AMBER KNOLL CT**  
 CITY-ST-ZIP **WEAVERVILLE NC 28787**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **S**  Delete  
 NAME **WALKER, KAREN**  
 STREET ADDRESS **28 LAUREL PARK DR**  
 CITY-ST-ZIP **ARDEN NC 28704**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **Senior Vice President**  Change  Addition  
 NAME **James V. Marmorstone**  
 STREET ADDRESS **6262 Sunset Dr.**  
 CITY-ST-ZIP **Miami, FL 33143**

TITLE \_\_\_\_\_  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

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 Charles E Russell **CHARLES E RUSSELL** 5/1/00 818 259-9900  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)