

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37907

1. Entity Name

GAINSBOROUGH CORPORATION

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90001 001 \*\*\*150.00

Principal Place of Business

Mailing Address

301 SOUTH TRYON ST.  
 CHARLOTTE NC 28288

TWO FIRST UNION CENTER  
 0200  
 CHARLOTTE NC 28288  
 US

2. Principal Place of Business

3. Mailing Address

ONE FIRST UNION CENTER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CHARLOTTE NC

Zip 28288

Country USA

Zip

Country

4. FEI Number

56-1744808

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  
 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

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	D	<input checked="" type="checkbox"/> Delete
NAME	CRUTCHFIELD, E. E., JR.	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARION A COWELL	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	TO	<input checked="" type="checkbox"/> Delete
NAME	GOINS, HERMAN	
STREET ADDRESS	TWO FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARIONA COWELL	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AHERN, JAMES W	
STREET ADDRESS	TWO FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HATHAWAY, KENT S.	
STREET ADDRESS	TWO FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLYLE E. STULL, JR.	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES H. HATCH	
STREET ADDRESS	TWO FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID A. DRAKE	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEITH D. LEMBO	
STREET ADDRESS	ONE FIRST UNION CENTER	
CITY-ST-ZIP	CHARLOTTE NC 28288	
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. AHERN 4-20-00 704/374-6841

Date

Daytime Phone #

CR2E034 (9/99)