## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P95000071265

Title:

Name:

Address:

City-St-Zip:

DVP

() Delete

7716 NORTH TRYON ST., C/O UNIVERSITY VOLVO

MAGOWAN, STEPHEN G MR.

CHARLOTTE, NC 28262 US

Entity Name: EDGEHILL/HERMITAGE CORP.

FILED Mar 18, 2003 Secretary of State

Current Principal Place of Business:				New P	New Principal Place of Business:			
	ECHOBEE BL LM BEACH, F		US					
Current Mailing Address:				New M	New Mailing Address:			
	ECHOBEE BL LM BEACH, F							
FEI Number	: 65-0613008	FEI Numb	per Applied For ( )	FEI Number Not	Applicable ( )	Certificate of Status Desi	red ( )	
Name and Address of Current Registered Agent:				Name a	Name and Address of New Registered Agent:			
C/O LEBÓ 50 N LAUF JACKSON The above	RA ST SUITÉ IVILLE, FL 32	2800 2023650 U		urpose of changi	ng its registe	red office or registered agent	t, or both,	
SIGNATUI	RE:							
	Electro	nic Signatu	re of Registered Age	ent		Date		
	mpaign Financir S AND DIREC	_	d Contribution ( ).	ADDIT	ONS/CHAN	GES TO OFFICERS AND D	IRECTORS:	
Title: Name: Address: City-St-Zip:	NEBEL, JR., R	T PLAZA,, C	MR. C/O LEBOEUF, LAMB	Title: Name: Address: City-St-Z	<b>p</b> :	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	DST ( CORDLE, ROI 100 N. TRYON CHARLOTTE,	ST., SUITE 2		Title: Name: Address: City-St-Z	214 N. TF	DVST (X) Change ( ) Addition CORDLE, ROBERT B MR. 214 N. TRYON ST., SUITE 3800 CHARLOTTE, NC 28202 US		
Title: Name: Address: City-St-Zip:	DVP ( BLANCHFIELD 100 N. TRYON CHARLOTTE.	ST. SUITE 2	2400	Title: Name: Address: Citv-St-Z	214 N. TF	(X) Change () Addition FIELD, FRANCIS J MR. RYON ST. SUITE 3800 ITE. NC 28202 US		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT B. CORDLE DVST 03/18/2003

() Change () Addition