

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077465

1. Entity Name

E.R.I.C. HOLDING CORPORATION

Principal Place of Business

Mailing Address

1021 EAST BLVD.
CHARLOTTE NC 28203

1021 EAST BLVD.
CHARLOTTE NC 28203-5713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBBONS, TUCKER, MILLER, WHATLEY & STEIN
101 E. KENNEDY BLVD.
SUITE 1000
TAMPA FL 33601

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P

BESSEM, ERIC
9700 N.W. 48TH DRIVE
CORAL SPRINGS FL 33067

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Add

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STREET ADDRESS
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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

2-1-2000

Date

304-333-4311

Daytime Phone #

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90028 005 ***150.00

00016446



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0632315

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required