

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098722

1. Entity Name

CAROLINA FLORIDA PROPERTY #1AF, INC. ✓

Principal Place of Business

SUNTRUST TOWER
200 SOUTH ORANGE AVE. STE 2850
ORLANDO FL 32801
US

Mailing Address

P O BOX 2265
HICKORY NC 28603
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 59-3416508

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

CLARK, SCOTT D
369 N. NEW YORK AVE., SUITE 300
WINTER PARK FL 32789

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P ☐ Delete
NAME NEILL, EDWARD C
STREET ADDRESS 2965 TATE BLVD SE
CITY-ST-ZIP HICKORY NC 28601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME TOWNSEND, KEITH R
STREET ADDRESS 201 GOVERNMENT AVE. SW, STE 208
CITY-ST-ZIP HICKORY NC 28602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME HAGAR, THOMAS
STREET ADDRESS 723 S SHARON AMITY, 120
CITY-ST-ZIP CHARLOTTE NC 28211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BERRY, RICHARD D JR
STREET ADDRESS 100 MAIN AVE NW STE 500
CITY-ST-ZIP HICKORY NC 28601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BROWN, LEE G
STREET ADDRESS 201 GOVERNMENT AVE SW STE 208
CITY-ST-ZIP HICKORY NC 28602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *R. Keith Townsend*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRE. Keith Townsend 7/31/00 828-345-0131
Director Date Daytime Phone #

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90068 001 *1,100.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)