

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90156 001 ***600.00

DOCUMENT # P97000016811

1. Entity Name
CAROLINA FLORIDA PROPERTIES AF#100, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
SUNTRUST TOWER P. O. BOX 2265
200 S ORANGE AVE STE 2850 HICKORY NC 28603
ORLANDO FL 32801 US

2. Principal Place of Business 3. Mailing Address
508 W. Central Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **59-3447951** Applied For
Orlando, FL Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional
32801 USA Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
F & L CORP. Name
THE GREENLEAF BUILDING, THIRD FLOOR **Dan O'Keefe**
200 LAURA STREET Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32202-3527 **300 S. Orange Ave.**
 Suite, Apt. #, etc. **Suite 1000**
 City **Orlando** **FL** Zip Code **32801-3373**

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 *Dan O'Keefe* (NOTE: Registered Agent signature required when reinstating) 3/6/01
 Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P NEILL, EDWARD 2965 TATE BLVD SE HICKORY NC 28601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOWNSEND, KEITH R 201 GOVERNMENT AVE. SW, SUITE 208 HICKORY NC 28602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAGER, THOMAS 723 S SHARON AMITY STE 120 CHARLOTTE NC 28211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LEE G. 201 GOVERNMENT AVE SW HICKORY NC 28602	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, RICK 100 MAIN AVE NW STE 500 HICKORY NC 28601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **R. Keith Townsend** 3-1-01 828-345-0131
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Director

CR2E034 (10/00)