

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90639 001 ***600.00

DOCUMENT # P97000016811

1. Entity Name

CAROLINA FLORIDA PROPERTIES AF#100, INC.



Principal Place of Business

508 W CENTRAL BLVD
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

59-3447951

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

O'KEEFE, DAN
300 S. ORANGE AVE
SUITE 1000
ORLANDO FL 32801-3373

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NEILL, EDWARD	
STREET ADDRESS	2965 TATE BLVD SE	
CITY-ST-ZIP	HICKORY NC 28601	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TOWNSEND, KEITH R	
STREET ADDRESS	201 GOVERNMENT AVE. SW, SUITE 208	
CITY-ST-ZIP	HICKORY NC 28602	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HAGER, THOMAS	
STREET ADDRESS	723 S SHARON AMITY STE 120	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, LEE G.	
STREET ADDRESS	201 GOVERNMENT AVE SW	
CITY-ST-ZIP	HICKORY NC 28602	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERRY, RICK	
STREET ADDRESS	100 MAIN AVE NW STE 500	
CITY-ST-ZIP	HICKORY NC 28601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

R. Keith Townsend 3/11/03 828-345-0131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)