

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-13-2001 90156 001 ***600.00

DOCUMENT # P97000016815

1. Entity Name
CAROLINA FLORIDA PROPERTIES AF#2, INC.

Principal Place of Business
**SUNTRUST TOWER
200 S ORANGE AVE. STE 2850
ORLANDO FL 32801
US**

Mailing Address
**P O BOX 2265
HICKORY NC 28603
US**

2. Principal Place of Business

508 W. Central Blvd.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

4. FEI Number **59-3445000**

Applied For

Not Applicable

Zip

32801

Country

USA

Zip

Country

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

**F & L CORP.
THE GREENLEAF BUILDING, THIRD FLOOR
200 LAURA STREET
JACKSONVILLE FL 32202-5327**

Name
Dan O'Keefe c/o Shurtz & Bower
Street Address (P.O. Box Number is Not Acceptable)
300 S. Orange Ave.
Suite 1000
City **Orlando** **FL** Zip Code **32801**

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.

3373

SIGNATURE **Dan O'Keefe**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/6/01
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, 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	V TOWNSEND, KEITH R 201 GOVERNMENT AVE. SW., STE. 208 HICKORY NC 28601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEILL, EDWARD 2965 TATE BLVD SE HICKORY NC 28601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAGER, THOMAS 723 S SHARON AMITY, STE 120 CHARLOTTE NC 28211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LEE G 201 GOVERNMENT AVE SW, STE 208 HICKORY NC 28602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY, RICK 100 MAIN AVE N STE 500 HICKORY NC 28601	<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> 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 #

CR2E034 (10/00)