

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000068817

1. Entity Name

KEITH PRESTON PHILLIPS MANAGEMENT CO., INC.

FILED

Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90063 040 ***550.00

Principal Place of Business

1614 PENNSYLVANIA AVE
2-G
MIAMI BCH FL 33139
US

Mailing Address

1400 BATTLEGROUND AVE
SUITE 164
GREENSBORO NC 27408
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

58-2344379

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

O'MALLEY, ANDREW M
100 SOUTH ASHLEY DRIVE
SUITE 1190
TAMPA FL 33602

Name

O'Malley, Andrew

Street Address (P.O. Box Number is Not Acceptable)

712 S. Oregon Ave.

City

Tampa

FL

Zip Code

33604

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 ☐ Delete
NAME D
STREET ADDRESS PHILLIPS, KEITH P
CITY-ST-ZIP 1400 BATTLEGROUND AVE STE 164
GREENSBORO NC 27408

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CRANFORD, JON
CITY-ST-ZIP 1400 BATTLEGROUND AVE STE 164
GREENSBORO NC 27408

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HUDGINS, DARREN L
CITY-ST-ZIP 1614 PENNSYLVANIA AVE #2-G
MIAMI BCH FL 33139

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

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TITLE ☐ Delete
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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:

Signature REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-00

Date

336 274-1370

Daytime Phone #

CR21034 (5/00)