

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90056 004 ***150.00

DOCUMENT # P98000095599

1. Entity Name

DIXIE MANOR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2317 Tarleton Twins Terrace

3. Mailing Address

2317 Tarleton Twins Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Charlotte, NC

City & State

Charlotte, NC

4. FEI Number

58-2426500

Applied For

Not Applicable

Zip

28270

Country

USA

Zip

28270

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Forman, Robert S.

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

2101 W. Commercial Blvd.

Suite 4100

City

Ft. Lauderdale

FL

Zip Code

33309

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE D
NAME Calandra, Michael
STREET ADDRESS 2317 Tarleton Twins Terrace
CITY- ST- ZIP Charlotte, NC 28270

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Calandra 4/25/02

Date

704-844-2909

Daytime Phone #

CR2E034B (12/01)