

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000164

1. Entity Name  
**FAISON CAPITAL DEVELOPMENT, INC.**

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90042 001 \*1,100.00

Principal Place of Business  
121 WEST TRADE ST., SUITE 2550  
CHARLOTTE NC 28202

Mailing Address  
121 WEST TRADE ST., SUITE 2550  
CHARLOTTE NC 28202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **56-1671960**  
Applied For   
Not Applicable

Zip Country 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

**CORPORATION SERVICE COMPANY**  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **DC**  
**FAISON, HENRY J**  
STREET ADDRESS **121 WEST TRADE ST., SUITE 2550**  
CITY-ST-ZIP **CHARLOTTE NC 28202**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **PD**  
**NORWOOD, PHILIP W**  
STREET ADDRESS **121 WEST TRADE ST., SUITE 2550**  
CITY-ST-ZIP **CHARLOTTE NC 28202**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VD**  
**JACKSON, ALLEN S JR**  
STREET ADDRESS **121 WEST TRADE ST., SUITE 2550**  
CITY-ST-ZIP **CHARLOTTE NC 28202**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **V**  
**STONE, R. DARY**  
STREET ADDRESS **121 WEST TRADE ST., SUITE 2550**  
CITY-ST-ZIP **CHARLOTTE NC 28202**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **AS**  
**HUNTER, DIANE K**  
STREET ADDRESS **121 WEST TRADE ST., SUITE 2550**  
CITY-ST-ZIP **CHARLOTTE NC 28202**

TITLE  Change  Addition  
NAME **NANCY L. FARMER**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
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: Nancy L Farmer **NANCY L FARMER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00  
Date

704-972-2611  
Daytime Phone #

CR2E034 (5/00)