

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006023

1. Entity Name

MANAGEMENT COMPANY OF THE SOUTH, INC.

ICS Management of Alabama, I

Principal Place of Business

PO BOX 590065
BIRMINGHAM AL 35259-0065

Mailing Address

PO BOX 590065
BIRMINGHAM AL 35259-0065

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PANICO, JAMES P
111 S MAITLAND
MAITLAND FL 32751

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.

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 \$150.00
AFTER MAY 1, 2000 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

TITLE: C
NAME: BAREFIELD, J. FRANK JR
STREET ADDRESS: 100 CENTERVIEW DR, SUITE 171
CITY-ST-ZIP: BIRMINGHAM AL 35216

TITLE: PS
NAME: STOUT, MARY M
STREET ADDRESS: 100 CENTERVIEW DR, SUITE 171
CITY-ST-ZIP: BIRMINGHAM AL 35216

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
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TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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TITLE:
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK BAREFIELD
PRESIDENT

3/17/00

2058239101

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90013 050 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)