

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 598861

1. Entity Name

ATLANTIC AMERICAN HOLDINGS, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90077 050 ***150.00

Principal Place of Business

Mailing Address

5619 DTC PARKWAY
TAX DEPT.
ENGLEWOOD CO 80111
US

P.O. BOX 5630
DENVER CO 80217-5630

2. Principal Place of Business

9197 SOUTH PEORIA STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

ENGLEWOOD CO

City & State

4. FEI Number

59-1874069

Applied For

Not Applicable

Zip

80112-5833

Country

US

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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	VPSD	<input checked="" type="checkbox"/> Delete
NAME	BRETT, STEPHEN M	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	GOOKIN, NOLAN	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HINDERY, LEO	
STREET ADDRESS	5619 DTC PKWY	
CITY-ST-ZIP	ENGLEWOOD CO 80111	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	SCHOTTERS, II B W.	
STREET ADDRESS	5619 DTC PARKWAY	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUSEBY, MICHAEL P.	
STREET ADDRESS	9197 SOUTH PEORIA STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9197 SOUTH PEORIA STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOMERS, DANIEL E.	
STREET ADDRESS	9197 SOUTH PEORIA STREET	
CITY-ST-ZIP	ENGLEWOOD CO 80112-5833	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nolan D. Gookin
Assistant Vice President

Date

720-875-5500

Daytime Phone #

CR05034 (9/99)