

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 809705

1. Entity Name

GEORGIA CASUALTY & SURETY COMPANY

Principal Place of Business

4370 PEACHTREE RD., N.E.  
ATLANTA GA 30319

Mailing Address

PO BOX 105480  
ATLANTA GA 30348  
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 58-0537066

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

STOUTAMIRE, JEFFREY R  
721 S. JEFFERSON ST.  
PERRY FL 32347

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD  
NAME ROBINSON, JESSE MACK  
STREET ADDRESS 4370 PEACHTREE RD., N.E.  
CITY-ST-ZIP ATLANTA GA 30319 ☐ Delete

TITLE C/O  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VD  
NAME HOWELL, HILTON H JR  
STREET ADDRESS 4370 PEACHTREE RD., N.E.  
CITY-ST-ZIP ATLANTA GA 30319 ☐ Delete

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

TITLE V  
NAME CLEMENTS, GEORGE GERALD  
STREET ADDRESS 4370 PEACHTREE RD., N.E.  
CITY-ST-ZIP ATLANTA GA 30319 ☒ Delete

TITLE JACK R. BAKER  
NAME  
STREET ADDRESS 4370 Peachtree RD., N.E.  
CITY-ST-ZIP ATLANTA GA 30319 ☐ Change ☒ Addition

TITLE P  
NAME KITCHEN, ROBERT J  
STREET ADDRESS 4370 PEACHTREE RD., N.E.  
CITY-ST-ZIP ATLANTA GA 30319 ☐ Delete

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

TITLE VP  
NAME RENAUD, ROBERT  
STREET ADDRESS 4370 PEACHTREE RD., N.E.  
CITY-ST-ZIP ATLANTA GA 30319 ☒ Delete

TITLE PHILIP SMITH  
NAME  
STREET ADDRESS 4370 Peachtree RD N.E.  
CITY-ST-ZIP ATLANTA, GA 30319 ☒ Change ☒ Addition

TITLE D  
NAME CHOATE, EUGENE  
STREET ADDRESS 4370 PEACHTREE RD., N.E.  
CITY-ST-ZIP ATLANTA GA 30319 ☐ Delete

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

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

JACK R BAKER

2/5/01

Daytime Phone #

404 266 5334

CR2E034 (10/00)

0448288

FILED  
Feb 13, 2001 8:00 am  
Secretary of State

02-13-2001 90007 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE