

# 2002 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

**58-0537068**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Burkey, Gary**  
Street Address (P.O. Box Number is Not Acceptable)  
**1461 Sandspur Road**  
City **Maitland** FL Zip Code **32751-6134**

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

**GARY BURKEY**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**5/23/02**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D/C ROBINSON, JESSE MACK 4370 PEACHTREE RD., N.E. ATLANTA GA 30319</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOWELL, HILTON H JR 4370 PEACHTREE RD., N.E. ATLANTA GA 30319</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KITCHEN, ROBERT J 4370 PEACHTREE RD., N.E. ATLANTA GA 30319</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHOATE, EUGENE 4370 PEACHTREE RD., N.E. ATLANTA GA 30319</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BAKER, JACK R. 4370 PEACHTREE RD. NE ATLANTA, GA 30319</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SMITH, Philip N. 4370 Peachtree Rd. NE Atlanta, GA 30319</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 lines empowered.

SIGNATURE:

**Jack R. Baker**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jack R. Baker 4/17/02**

Date

**704 266 5500**

Daytime Phone #

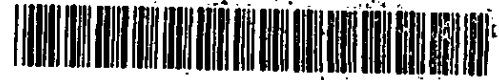
**MAY 17 2002**

FILED

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90009 032 \*\*\*150.00

**90736**



DO NOT WRITE IN THIS SPACE

CR2034 (9/01)

Attachment #809105

90736

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STUFFLET, CRAIG J. 4370 PEACHTREE RD. NE Atlanta, GA 30319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DUGGINS, JANICE C. 4370 PEACHTREE RD. NE ATLANTA, GA 30319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/01)

RECEIVED

MAY 14 2002

GEORGIA CASUALTY CLAIMS