

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 819534

1. Entity Name

UNITED GUARANTY RESIDENTIAL INSURANCE COMPANY OF

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90108 034 \*\*\*150.00

Principal Place of Business

Mailing Address

230 N. ELM ST.  
P. O. BOX 20327  
GREENSBORO NC 27420-0327

230 N. ELM ST.  
P. O. BOX 20327  
GREENSBORO NC 27420-0327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-0789396

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

INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AS ☐ Delete

NAME RIDENOUR, WILLIAM E  
STREET ADDRESS 230 N. ELM ST.  
CITY-ST-ZIP GREENSBORO N.

TITLE VC ☐ Delete

NAME CLARKE, GERALD S.  
STREET ADDRESS 230 N. ELM ST.  
CITY-ST-ZIP GREENSBORO FL

TITLE V ☐ Delete

NAME WALKER, DANIEL T.  
STREET ADDRESS 230 N. ELM ST.  
CITY-ST-ZIP GREENSBORO N.

TITLE V ☐ Delete

NAME WADDELL III, HAL G  
STREET ADDRESS 230 NORTH ELM ST  
CITY-ST-ZIP GREENSBORO NC

TITLE S ☐ Delete

NAME TUCK, ELIZABETH MARGARET  
STREET ADDRESS 70 PINE ST  
CITY-ST-ZIP NEW YORK NY

TITLE V ☐ Delete

NAME WILLIAMS, FLOYD L.  
STREET ADDRESS 230 N. ELM ST.  
CITY-ST-ZIP GREENSBORO N.

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Senior VP ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Senior VP ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

*Floyd L. Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-00

Date

336-333-0247

Daytime Phone #

CR2E034 (9/99)