

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827271

1. Entity Name

CAPITOL PREMIUM PLAN, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90003 041 ***150.00

Principal Place of Business

Mailing Address

ATTN: JOHN WOOLDRIDGE
P.O. BOX 35229
CHARLOTTE NC 28235

ATTN: JOHN WOOLDRIDGE
P.O. BOX 35229
CHARLOTTE NC 28235-5229

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

56-0691459

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

THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
SUITE 105
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 P ☐ Delete
NAME HEBERT, VERNON E.
STREET ADDRESS 4425 RANDOLPH RD, 100
CITY-ST-ZIP CHARLOTTE, N C

TITLE P/D ☒ Change ☐ Addition
NAME Hebert, Vernon E.
STREET ADDRESS 3816 Latrobe Dr, Ste C
CITY-ST-ZIP Charlotte, NC

TITLE TS ☐ Delete
NAME WOOLDRIDGE, JOHN R
STREET ADDRESS 4425 RANDOLPH RD #100
CITY-ST-ZIP CHARLOTTE, N C

TITLE TS ☒ Change ☐ Addition
NAME Wooldridge, John R
STREET ADDRESS 4425 Randolph Rd, Ste 105
CITY-ST-ZIP Charlotte, NC

TITLE V ☒ Delete
NAME BIDWICK, THOMAS J.
STREET ADDRESS 4425 RANDOLPH RD. SU 100
CITY-ST-ZIP CHARLOTTE NC

TITLE V ☐ Change ☒ Addition
NAME Krajewski, Alice P
STREET ADDRESS 3816 Latrobe Dr, Ste C
CITY-ST-ZIP Charlotte, NC

TITLE D ☐ Delete
NAME GORELICK, WILLIAM
STREET ADDRESS 714 KENILWORTH AVE #200
CITY-ST-ZIP CHARLOTTE NC

TITLE D ☒ Change ☐ Addition
NAME Gorelick, William
STREET ADDRESS 4425 Randolph Rd, Ste 204
CITY-ST-ZIP Charlotte, NC

TITLE D ☐ Delete
NAME GORELICK, SHELTON
STREET ADDRESS 714 KENILWORTH AVE., #200
CITY-ST-ZIP CHARLOTTE NC

TITLE D ☒ Change ☐ Addition
NAME Gorelick, Shelton
STREET ADDRESS 4425 Randolph Rd, Ste 204
CITY-ST-ZIP Charlotte, NC

TITLE ☐ Delete
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R Wooldridge 4/19/00 704-365-6153x5005

Date

Daytime Phone #

CR2E034 (9/99)