

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 844375

1. Entity Name

JEFFERSON-PILOT COMMUNICATIONS COMPANY

Principal Place of Business

100 N. GREENE ST.
GREENSBORO NC 27401
US

Mailing Address

P. O. BOX 21008
GREENSBORO NC 27420
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

56-0405830

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 V ☐ Delete
NAME WEATHERLY, JOSEPH E.
STREET ADDRESS 100 N GREENE STREET
CITY-ST-ZIP GREENSBORO NC

TITLE VS ☐ Delete
NAME MCALISTER, DANIEL K
STREET ADDRESS 100 N. GREENE ST.
CITY-ST-ZIP CHARLOTTE NC

TITLE VD ☐ Delete
NAME STILL, JOHN T., III
STREET ADDRESS 100 N GREENE ST
CITY-ST-ZIP GREENSBORO NC

TITLE PD ☐ Delete
NAME STONE, THERESA M
STREET ADDRESS 100 NORTH GREENE STREET
CITY-ST-ZIP GREENSBORO NC

TITLE V ☐ Delete
NAME COLLINS, DENNIS P
STREET ADDRESS 20450 NW 2ND AVE
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ 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

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90028 039 ***550.00



DO NOT WRITE IN THIS SPACE

CP2E034 (5/00)