## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **F94000003555** Feb 16, 2000 8:00 am 1. Entity Name LANDAMERICA ENVIRONMENTAL INSURANCE SERVICE AGEN **Secretary of State** 02-16-2000 90068 043 \*\*\*150.00 Mailing Address Principal Place of Business 101 GATEWAY CENTRE PKWY P.O. BOX 27567 RICHMOND VA 23261-7567 GATEWAY ONE RICHMOND VA 23235-5153 3. Mailing Address 2. Principal Place of Business 101 Gateway Ctr Pkwy Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Gateway One City & State 4. FEI Number City & State 54-1706035 Not Applicable Richmond, VA Zip Country \$8.75 Additional Country 5. Certificate of Status Desired $\Box$ 23235 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SLOAN, F. LINTON Street Address (P.O. Box Number is Not Acceptable) 3922 COCONUT PALM DRIVE SUITE 102 **TAMPA FL 33619** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE ALPERT, JANET A NAME NAME STREET ADDRESS 101 GATEWAY CENTRE PKWY, GATEWAY ONE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23235-5153 ☐ Change Addition ☐ Delete TITLE TITLE SAYLORS, PAMELA K NAME NAME STREET ADDRESS 101 GATEWAY CENTRE PKWY, GATEWAY ONE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23235-5153 Delete X Addition Director ☐ Change TITLE TITLE Jeffrey C. Selby NAME CAMPBELL, KATHLEEN NAME STREET ADDRESS STREET ADDRESS 101 GATEWAY CENTRE PKWY, GATEWAY ONE 101 Gateway Ctr Pkwy, Gateway One CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23235-5153 Richmond, VA 23235 Change Addition Delete TITLE TITL F PURCELL, W RIKER NAME NAME 101 GATEWAY CENTRE PKWY, GATEWAY ONE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23235-5153 ☐ Addition ☐ Change ☐ Delete TITLE TITLE RAMOS, RONALD B NAME 101 GATEWAY CENTRE PKWY, GATEWAY ONE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23235-5153 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 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

804-267-8000 2/2/00 W. Riker Purcell, Secretary NTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.