

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90106 009 \*\*\*150.00

**DOCUMENT # F96000001983**

1. Entity Name

**THE PIEDMONT ADMINISTRATORS, INC.**

Principal Place of Business

Mailing Address

PO BOX 78030  
 GREENSBORO NC 27427-8030

PO BOX 78030  
 GREENSBORO NC 27427-8030

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

**56-1512807**

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

**INSURANCE COMMISSIONER  
 CAPITOL BLDG  
 TALLAHASSEE FL 32399-0300**

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

| 11. OFFICERS AND DIRECTORS           |   | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                        |   |
|--------------------------------------|---|--|---|
| TITLE                                | NAME  | TITLE  | NAME  |
| CP <input type="checkbox"/> Delete   | <b>WILLIAMS, JOHNNY L</b><br>702 LIPSCOMB RD<br>GREENSBORO NC 27410 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |
| VCVS <input type="checkbox"/> Delete | <b>WILLIAMS, TEDDY D</b><br>110 RIDGE RD<br>MOUNT AIRY NC 27030     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |
| T <input type="checkbox"/> Delete    | <b>WILLIAMS, TEDDY D</b><br>110 RIDGE RD<br>MOUNT AIRY NC 27030     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |
| V <input type="checkbox"/> Delete    | <b>MACELDOWNEY, LEEANN</b><br>104 CARLSON DR<br>GREENSBORO NC 27405 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 4341 Southern Oak Drive<br>High Point, NC 27065   |
| <input type="checkbox"/> Delete      |   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | Vice President of Sales<br>Sims, Noel S.<br>5104 Brinamwood Trail<br>Greensboro, NC 27407 |
| <input type="checkbox"/> Delete      |   | <input type="checkbox"/> Change <input 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

Date

336-544-2222

Daytime Phone #

CR2E034 (9/99)