

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003181

1. Entity Name

SGC CONSTRUCTION COMPANY OF VIRGINIA

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90082 002 ***150.00

Principal Place of Business

Mailing Address

1005 GLENWAY AVENUE
BRISTOL VA 24201

1005 GLENWAY AVENUE
BRISTOL VA 24201-3473

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

54-1560732

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	PCTD	<input type="checkbox"/> Delete
NAME	MCGLOTHLIN, JAMES W	
STREET ADDRESS	1005 GLENWAY AVENUE	
CITY-ST-ZIP	BRISTOL VA 24201	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	STREET, N D	
STREET ADDRESS	339 W. MAIN STREET	
CITY-ST-ZIP	GRUNDY VA 24614	
TITLE	AT	<input type="checkbox"/> Delete
NAME	CLARKE, LOIS A	
STREET ADDRESS	1005 GLENWOOD AVENUE	
CITY-ST-ZIP	BRISTOL VA 24201	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BELL, WAYNE L	
STREET ADDRESS	1005 GLENWAY AVENUE	
CITY-ST-ZIP	BRISTOL VA 24201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anita W. Gilliam	
STREET ADDRESS	1005 Glenway Avenue	
CITY-ST-ZIP	Bristol VA 24201	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted G. Wood	
STREET ADDRESS	1005 Glenway Avenue	
CITY-ST-ZIP	Bristol VA 24201	
TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey P. Schaffer	
STREET ADDRESS	1005 Glenway Avenue	
CITY-ST-ZIP	Bristol VA 24201	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth D. Dockery	
STREET ADDRESS	1005 Glenway Avenue	
CITY-ST-ZIP	Bristol VA 24201	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas D. McGlothlin	
STREET ADDRESS	1005 Glenway Avenue	
CITY-ST-ZIP	Bristol VA 24201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

James W. McGlothlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. McGlothlin

2/15/00

540/645-1445

Date

Daytime Phone #

CR2E034 (9/99)