

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004575

1. Entity Name

BANC OF AMERICA INSURANCE SERVICES, INC.

FILED

Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90123 036 ***150.00

Principal Place of Business

Mailing Address

10465 SOUTHEAST US HWY. 441
BELLEVUE FL 34421

NATIONSBANK INSURANCE GROUP
201 N. TRYON ST., NC1-022-19-02
CHARLOTTE NC 28255-0001

632115



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

NC1-021-03-09
401 N TRYON ST
CHARLOTTE NC 28255

3. Mailing Address

NC1-021-03-09
401 N TRYON ST
CHARLOTTE NC 28255

City & State

City & State

4. FEI Number

52-1523496

Applied For

Not Applicable

Zip

Country

Zip

Country

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
NAME
STREET ADDRESS
CITY-ST-ZIP
C
PURVIS, DEAN A
201 N. TRYON ST
CHARLOTTE NC 28255 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
Duane L. Smith
NC1-021-03-09
401 N TRYON ST
CHARLOTTE NC 28255 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PHIPPS, EUGENE H
201 N. TRYON ST
CHARLOTTE NC 28255 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GRABOWSKI, ANNE H
201 N. TRYON ST
CHARLOTTE NC 28255 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV
FITCHETT, W. CALVIN
2059 NORTHLAKE PKWY
TUCKER GA 30084-5399 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MOYE, MIKE J
1310 S. MAIN ST
MT AIRY MD 21771 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GREENE, STEPHEN S
201 NORTH TRYON ST.
CHARLOTTE NC 28255 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Duane L. Smith SIGNED Duane L. Smith 3-22-00 704-388-2460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #