

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90003 038 \*\*\*150.00

**DOCUMENT # F98000006291**

1. Entity Name  
**ATLANTIC TITLE INSURANCE COMPANY OF SOUTH CAROLI**

Principal Place of Business P.O. BOX 8627 COLUMBIA SC 29202	Mailing Address P.O. BOX 8627 COLUMBIA SC 29202-8627
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DO NOT WRITE IN THIS SPACE

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 <b>57-0575396</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	CT	<input type="checkbox"/> Delete
NAME	GORELICK, WILLIAM	
STREET ADDRESS	4425 RANDOLPH RD., STE. 204	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GORELICK, TODD A	
STREET ADDRESS	4425 RANDOLPH RD., STE. 204	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, P. KING	
STREET ADDRESS	1301 PICKENS ST.	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	V	<input type="checkbox"/> Delete
NAME	PARIS, PATRICIA Q	
STREET ADDRESS	1301 PICKENS ST.	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOOLDRIDGE, JOHN R JR.	
STREET ADDRESS	4425 RANDOLPH RD., STE. 204	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hawkins, Susanne A	
STREET ADDRESS	1301 Pickens St	
CITY-ST-ZIP	Columbia, SC 29201	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paris, Patricia Q	
STREET ADDRESS	1301 Pickens St	
CITY-ST-ZIP	Columbia, SC 29201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **John R Wooldridge** 4/19/00 704-365-6153 x5005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)