

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90162 042 ***150.00

DOCUMENT # F98000006291

1. Entity Name
ATLANTIC TITLE INSURANCE COMPANY OF SOUTH CAROLINA

Principal Place of Business Mailing Address
P.O. BOX 8627 **P.O. BOX 8627**
COLUMBIA SC 29202 **COLUMBIA SC 29202**



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 Applied For
57-0575396 Not Applicable

5. Certificate of Status Desired **\$8.75** 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 **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 _____ 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, 2002 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	GORELUCK, WILLIAM	
STREET ADDRESS	4425 RANDOLPH RD., STE. 204	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GORELUCK, TODD A	
STREET ADDRESS	4425 RANDOLPH RD., STE. 204	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	P	<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	C	<input type="checkbox"/> Delete
NAME	HAWKINS, SUSANNE A	
STREET ADDRESS	1301 PICKENS ST	
CITY-ST-ZIP	COLUMBIA SC 29201	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 empowerments.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ **4/11/02** **704-943-3147**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)