FILED

05-17-2002 90026 013 ***150.00

DOCUMENT # F9900001655

1. Entity Name

RBMG, INC.

Principal Place of Business

Mailing Address

7909 PARKLAND ROAD

7909 PARKLAND ROAD

COLUMBIA SC 29223		COLUMBIA SC 29223						
					1 1 00 1100 1110 10110 10111 00111 00111)	aidi ilkid eli	(A) A)(A) (A)(A)
2. Principal	Place of Business	3. Mailing Address						2)
9710 Two Notch Road		•			i ymmitam itim 1814m (Mith 90)(f Mi	iai Bear Beil B	YCET HEBER OFF	BI BIIAA BAII (BBI
Suite, Apt. #, etc.		9710 Two Notch Road Suite Apt. #, etc.						
·		outo, Apt. W, dio.			DO NOT WRIT	TE IN THIS S	PACE	
City & State		City & State		- 4	FEI Number		 	Normal Const. The con-
Columbia, SC		Columbia, SC		"	58-2449643	•	F	Applied For Not Applicable
Zip	Country		Country				8.75 A	
29223	Richland	29223 F	Richland	5.	Certificate of Status Desired		ee Requir	aditional red
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New R			
							-	
C T COP	PORATION SYSTEM		Ctroot Address		Day Novel and State Active		_ ,	
1200 SO	UTH PINE ISLAND ROAD	Street Addres		Address (P.O.	Box Number is Not Acceptable	·)		
PLANTAT	TON FL 33324			-	<u> </u>			.
			0"					
			City			FL	Zip Co	de
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.								
The state of the s								
SIGNATURE								
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: Re	gistered Agent signa	ture required when	reinstating)	DATE	<u> </u>	
9. This corp	pration is eligible to satisfy its Intangible	EILE MOWILL	EEE IC 6150				.	
Tax filing	requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00			10. Election Campaign Fina		\$5.0	00 May Be
(See crite	ria on back)	Make Check Payable i	to Departmen	occording to the state of State	Trust Fund Contribution). 🗀	Adde	d to Fees
11.	OFFICERS AND D		12.			OFFIC AND F	NDE OTOE	20 (0.1.4.4
TITLE	CPD	☐ Delete	TITLE	1	DDITIONS/CHANGES TO OFFI			
NAME	ROSS, WILLIAM M	D DOLOR	NAME				C hange	☐ Addition
STREET ADDRESS	6650 SOUTHPOINT PKWY	•	STREET ADDRESS	9710 1140	Notch Road			
CITY-ST-ZIP	JACKSONVILLE FL 32216		CITY-ST-ZIP	Columbia.	SC 29223			
TITLE	SEVP	☐ Delete	TITLE	, policies,			Change	- Addition
NAME	HERBERT, STEVEN F		NAME			1	C) Change	☐ Addition {
STREET ADDRESS	7909 PARKLAND ROAD	1	STREET ADDRESS	9710 Two 1	Notch Road			
CITY-ST-ZIP	COLUMBIA SC 29223		CITY-ST-ZIP	1	SC 29223			
TITLE	-EVP	~ X Delete	-TITLE-				Change	Addition
NAME	LEWIS, HAROLD JR		NAME			L	_ Onlings	
STREET ADDRESS	7909 PARKLAND ROAD		STREET ADDRESS					1
City-St-ZIP	COLUMBIA SC 29223		CITY-ST-ZIP					
TITLE	·	☐ Delete	TITLE	S/D	4		☐ Channe	Addition
NAME		1	NAME	, -	E. Mapson		Onling¢	AL_J Addition
STREET ADDRESS			STREET ADDRESS	9710 Thro	Notch Road			}
CITY-ST-ZIP			CITY-ST-ZIP	Columbia.	Sc 29223			}
TITLE		☐ Delete	TITLE	EVP/D	<u>,</u>		☐ Change	Addition
NAME			NAME		L. Burdsall		_ orienge	AT VOUIDOU
STREET ADDRESS		ľ	STREET ADDRESS		Notch Road			
CITY-ST-ZIP		_	CITY-ST-ZIP		SC 29223			
TITLE		☐ Delete	TITLE	FMP	<u> </u>		T Change	E- 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

STREET ADDRESS

NAME

EVP

Jerald W. McCoy

9710 Two Notch Road

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Standard Merberre, NAChier Month and The Transfer of ficer

☐ Change

Addition