

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000003356**

1. Entity Name

REPUBLIC LEASING AND COMPANY, INC.**FILED****May 17, 2000 8:00 am**
Secretary of State

05-17-2000 91055 001 ***600.00

Principal Place of Business

Mailing Address

**100 EXECUTIVE CENTER DR. SUITE 101
COLUMBIA SC 29210****100 EXECUTIVE CENTER DR. SUITE 101
COLUMBIA SC 29210-8408**

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

58-2475979 **APPLIED FOR**

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 **CD** ☐ Delete
NAME **HERBERT, STEVEN F**
STREET ADDRESS **7909 PARKLANE ROAD**
CITY-ST-ZIP **COLUMBIA SC 29223**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **JOHNSON, DAVID W JR.**
STREET ADDRESS **7909 PARKLANE ROAD**
CITY-ST-ZIP **COLUMBIA SC 29223**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DCEO** ☐ Delete
NAME **GALLOWAY, DWIGHT**
STREET ADDRESS **100 EXECUTIVE CENTER DR. SUITE 101**
CITY-ST-ZIP **COLUMBIA SC 29210**TITLE **D** ☒ Change ☐ Addition
NAME **Dwight Galloway**
STREET ADDRESS **100 Executive Center Drive, Suite 101**
CITY-ST-ZIP **Columbia, SC 29210**TITLE **PCOO** ☐ Delete
NAME **RANDALL, III**
STREET ADDRESS **100 EXECUTIVE CENTER DR. SUITE 101**
CITY-ST-ZIP **COLUMBIA SC 29210**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPCF** ☐ Delete
NAME **KIRKLAND, PAMELA S**
STREET ADDRESS **100 EXECUTIVE CENTER DR. SUITE 101**
CITY-ST-ZIP **COLUMBIA SC 29210**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **DORCHUCK, JORDAN D**
STREET ADDRESS **7909 PARKLAND ROAD**
CITY-ST-ZIP **COLUMBIA SC 29223**TITLE ☐ Change ☐ 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, I am empowered.****SIGNATURE:****David W. Johnson, Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(803) 741-3000

CR2E034 19/99