

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90219 032 \*\*\*150.00

**DOCUMENT # P10384**

1. Entity Name  
**PLATEAU INSURANCE COMPANY**

Principal Place of Business  
**2701 NORTH MAIN STREET  
 CROSSVILLE TN 38555  
 US**

Mailing Address  
**P.O. BOX 7001  
 CROSSVILLE TN 38557-7001  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **62-1216897**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FLORIDA INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32301**

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.

**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	<b>PD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, WILLIAM D.</b>		NAME		
STREET ADDRESS	<b>1000 WESTMORELAND BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>KNOXVILLE TN 37919</b>		CITY-ST-ZIP		
TITLE	<b>VA</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, THOMAS L.</b>		NAME		
STREET ADDRESS	<b>80 SANDPIPER LOOP</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CROSSVILLE TN 38555</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, EURETHA J.</b>		NAME		
STREET ADDRESS	<b>251 JOE HENLEY ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CROSSVILLE TN 38557</b>		CITY-ST-ZIP		
TITLE	<b>VT</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMSEY, W. MICHAEL</b>		NAME		
STREET ADDRESS	<b>162 LITTLE JOHN LOOP</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CROSSVILLE TN 38555</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAHAM, D MICHAEL</b>		NAME		
STREET ADDRESS	<b>39 GRAHAM CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CROSSVILLE TN 38555</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMCOX, MICHELE C</b>		NAME		
STREET ADDRESS	<b>663 VILLAGE WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CROSSVILLE TN 38555</b>		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: \_\_\_\_\_ Date: **3-17-00** Daytime Phone #: **931-484-8411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)