

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23660

1. Entity Name

UNITED GUARANTY MORTGAGE INDEMNITY COMPANY

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90108 033 \*\*\*150.00

Principal Place of Business

Mailing Address

230 N ELM STREET  
GREENSBORO NC 27401

230 N ELM STREET  
GREENSBORO NC 27401-2436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

42-0994960

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32399

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	PD	<input checked="" type="checkbox"/> Delete
NAME	REID, CHARLES MURRY	
STREET ADDRESS	230 N ELM STREET	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRAY, RICHARD LYNN	
STREET ADDRESS	230 N ELM STREET	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMS, FLOYD LEE	
STREET ADDRESS	230 N ELM STREET	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LEONARD, LUTHER GARY	
STREET ADDRESS	230 N ELM STREET	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENBERG, MAURICE RAY	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEWS, EDWARD EASTON	
STREET ADDRESS	70 PINE STREET	
CITY-ST-ZIP	NEW YORK NY	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUTT, William VIRDEN JR.	
STREET ADDRESS	230 N. ELM ST.	
CITY-ST-ZIP	GREENSBORO, NC	
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)