

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90202 048 ***150.00

0622214- AT

DOCUMENT # P26446

1. Entity Name
SOUTHERN TITLE INSURANCE CORPORATION



Principal Place of Business
**1051 E. CARY ST.
7TH FL.
RICHMOND VA 23219
US**

Mailing Address
**P. O. BOX 399
RICHMOND VA 23218
US**



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 **54-0483197**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **CRUICKSHANKS, DONALD V**
STREET ADDRESS **1051 E. CARY ST. 7TH FL.**
CITY-ST-ZIP **RICHMOND VA 23219**

TITLE **V** ☐ Change ☒ Addition
NAME **WAGAMAN, EDWARD R.**
STREET ADDRESS **700 GOLDEN OAK COURT, STE 155-REFLECTIONS II BLDG.**
CITY-ST-ZIP **VIRGINIA BEACH, VA 23452**

TITLE **V** ☐ Delete
NAME **HARDWICK, WILLIAM J**
STREET ADDRESS **915 MAIN ST 3RD FLOOR**
CITY-ST-ZIP **LYNCHBURG VA 24504**

TITLE **V** ☐ Change ☒ Addition
NAME **BRADSHAW, ROBERT L.**
STREET ADDRESS **1051 E. CARY ST. 7TH FL.**
CITY-ST-ZIP **RICHMOND, VA 23219**

TITLE **VSD** ☐ Delete
NAME **SKLAR, GERALD W.**
STREET ADDRESS **1051 E. CARY ST. 7TH FL.**
CITY-ST-ZIP **RICHMOND VA 23219**

TITLE **V** ☐ Change ☒ Addition
NAME **HATHAWAY, MARK H.**
STREET ADDRESS **1051 E. CARY ST. 7TH FL.**
CITY-ST-ZIP **RICHMOND, VA 23219**

TITLE **V** ☐ Delete
NAME **BRIEL, MICHAEL E.**
STREET ADDRESS **305 HARRISON ST SE, SUITE 100**
CITY-ST-ZIP **LEESBURG VA 20175**

TITLE **DV** ☐ Change ☒ Addition
NAME **REEVES, DENNIS M.**
STREET ADDRESS **ONE PARK CIRCLE**
CITY-ST-ZIP **WESTFIELD CENTER, OH 44251**

TITLE **V** ☐ Delete
NAME **WILEY, JR., RONALD D**
STREET ADDRESS **401 PARK ST**
CITY-ST-ZIP **CHARLOTTESVILLE VA 22901**

TITLE **D** ☐ Change ☒ Addition
NAME **JOYCE, ROBERT J.**
STREET ADDRESS **ONE PARK CIRCLE**
CITY-ST-ZIP **WESTFIELD CENTER, OH 44251**

TITLE **V** ☐ Delete ☒ ADDITION
NAME **JOHNSON, SCOTT A.**
STREET ADDRESS **1051 E. CARY ST. 7TH FL.**
CITY-ST-ZIP **RICHMOND, VA 23219**

TITLE **D** ☐ Change ☒ Addition
NAME **WARFEL, JOHN E**
STREET ADDRESS **ONE PARK CIRCLE**
CITY-ST-ZIP **WESTFIELD CENTER, OH 44251**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD V. CRUICKSHANKS

4-30-03

(804)648-6000

Date

Daytime Phone #

CR2E034 (10/02)