

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90115 036 \*\*\*550.00

**DOCUMENT # P26478**

1. Entity Name  
**CAPITAL CITY INSURANCE COMPANY, INC.**



Principal Place of Business  
**3850 FERNANDINA COURT  
COLUMBIA SC 29210**

Mailing Address  
**PO BOX 212157  
COLUMBIA SC 29221-2157**

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 **57-0810811**

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 **C** ☐ Delete  
NAME **DAVIS, HINTON G.**  
STREET ADDRESS **2006 SALEM CHURCH RD**  
CITY-ST-ZIP **IRMO SC 29063**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **SEIBERT, JOHN F**  
STREET ADDRESS **1252 MORNING SHORE DR.**  
CITY-ST-ZIP **LEXINGTON SC 29072**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **FRYER, MARK E**  
STREET ADDRESS **124 FOX RIDGE RUN**  
CITY-ST-ZIP **LEXINGTON SC 29072**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **411 Nautical Ct.**  
CITY-ST-ZIP **Chapin, SC 29036**

TITLE **V** ☐ Delete  
NAME **ECTON, JOHN A**  
STREET ADDRESS **355 CONRAD CIRCLE**  
CITY-ST-ZIP **COLUMBIA SC 29212**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **GRINDSTAFF, JACK F**  
STREET ADDRESS **106 WILKSHIRE DR.**  
CITY-ST-ZIP **COLUMBIA SC 29210**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VT** ☐ Delete  
NAME **NAUGHTER, PATRICK M**  
STREET ADDRESS **102 GLENEAGLE CIRCLE**  
CITY-ST-ZIP **IRMO SC 29063**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**June 6, 2003 803-731-7728**  
Date Daytime Phone #

CR2E034 (10/02)