

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P31692

1. Entity Name

RIVES, LEAVELL & CO., INC.

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90292 033 ***150.00

Principal Place of Business

Mailing Address

460 BRIARWOOD DR.
SUITE 515
JACKSON MS 39206
US

P. O. DRAWER 12848
JACKSON MS 39236-2848
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

63-0593174

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

CT CORPORATION SYSTEM
1200 S. 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 V ☐ Delete
NAME MILTON, COLLIER
STREET ADDRESS 460 BRIARWOOD DR
CITY-ST-ZIP JACKSON MS 39206

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

TITLE V ☐ Delete
NAME MCNEECE, MARK
STREET ADDRESS 460 BRIARWOOD DR., STE. 515
CITY-ST-ZIP JACKSON MS 39206

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

TITLE V ☐ Delete
NAME DALLENBACH, DAVID M
STREET ADDRESS 460 BRIARWOOD DR., STE. 515
CITY-ST-ZIP JACKSON MS 39206

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

TITLE V ☐ Delete
NAME NEEDHAM, C W
STREET ADDRESS 460 BRIARWOOD DR., STE. 515
CITY-ST-ZIP JACKSON MS 39206

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

TITLE D ☐ Delete
NAME LANDRUM, P LEAVELL
STREET ADDRESS 460 BRIARWOOD DR SUITE 515
CITY-ST-ZIP JACKSON MS 39206

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

TITLE F ☒ Delete
NAME DEAN, ANGELA B
STREET ADDRESS 460 BRIARWOOD DR SUITE 515
CITY-ST-ZIP JACKSON MS 39206

TITLE ☒ Change ☐ Addition
NAME F
STREET ADDRESS KATHY TEATER
CITY-ST-ZIP 460 Briarwood Dr.
JACKSON, MS 39206

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 #

1/12/2000

601-948-4500