

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90170 025 ***150.00

DOCUMENT # P31692

1. Entity Name

RIVES, LEAVELL & CO., INC.

Principal Place of Business

**733 NORTH STATE STREET
JACKSON MS 39202
US**

Mailing Address

**733 NORTH STATE STREET
JACKSON MS 39202
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, 2001 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 **President** ☐ Change ☒ Addition
NAME **ROLAND A LEAVELL**
STREET ADDRESS **733 North State Street**
CITY-ST-ZIP **JACKSON, MS 39202**

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

TITLE ☒ Change ☐ Addition
NAME **733 NORTH STATE STREET**
STREET ADDRESS **JACKSON, MS 39202**
CITY-ST-ZIP

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

TITLE **Regional VP** ☐ Change ☒ Addition
NAME **MARC Daniels**
STREET ADDRESS **733 North State Street**
CITY-ST-ZIP **JACKSON, MS 39202**

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

TITLE **VP Operations** ☐ Change ☒ Addition
NAME **Mike Swart**
STREET ADDRESS **733 North State Street**
CITY-ST-ZIP **JACKSON, MS 39202**

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

TITLE **Staff Counsel** ☐ Change ☒ Addition
NAME **Rhonda Lear**
STREET ADDRESS **733 North State Street**
CITY-ST-ZIP **JACKSON, MS 39202**

TITLE **F** ☐ Delete
NAME **TEATER, KATHY**
STREET ADDRESS **460 BRIARWOOD**
CITY-ST-ZIP **JACKSON MS 39206**

TITLE ☒ Change ☐ Addition
NAME **733 North State Street**
STREET ADDRESS **JACKSON, MS 39206**
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:

Kathy Teater, **KATHY TEATER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 601.948.4500

Date Daytime Phone #

CR2E034 (10/00)