

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **198000041101**

1. Entity Name

American Colonial Insurance Company, Inc.

FILED

00 MAR 30 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

1300 Sawgrass Corporation Pkwy. 2000 Interstate Park Drive

3. Mailing Address

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State
Sunrise, Fla.

City & State
Montgomery, Al.

4. FEI Number
23-7170191

Applied For
Not Applicable

Zip
33323-2804

Country
USA

Zip
36109

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

John Charles Mansfield
1300 Sawgrass Corporate Parkway
Sunrise, Fla. 3323-2804

Name
Street Address
City FL

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

John Charles Mansfield

3/28/00

(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 NAME STREET ADDRESS CITY-ST-ZIP	Chairman of Board, Chief Executive Officer, & Director James K. Lowder 3236 Bankhead Ave. Montgomery, Al. 36106	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roy Overstreet 1006 Oakpointe Pl. Dunwoody, Ga. 30338	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman of Board, Executive Vice President, Secretary, Treasurer, Director Paul Wilhite Miles 744 Cloverdale Rd. Montgomery, Al. 36106	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary, & Director John Larry Pitts 16 Dogwood Drive Clanton, Al. 35045	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Thomas Henry Lowder 38 Country Club Rd. Birmingham, Al. 35213	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary, & Director Bryan Keith Tucker 250 E. Farmington Trace Pike Road, Al. 36064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerment.

SIGNATURE:

Paul Wilhite Miles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00

Date

(334) 270-6800

Daytime Phone #

CR2E034 (9/99)

KE

2000 Interstate Park Drive, Suite 300
Post Office Box 231449
Montgomery, Alabama 36123-1449
(334) 270-6651



AMERICAN
COLONIAL
INSURANCE
COMPANY, INC.

March 27, 2000

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Attachment

Ms Kristen Eckel, Document Specialist
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee FL 32314

Dear Ms Echel:

SUBJECT: AMERICAN COLONIAL INSURANCE COMPANY, INC.
REF. NUMBER: P98000041101

Enclosed are our check in the amount of \$300.00 for 1999-2000 Uniform Business Report filing and the completed form. We appreciate very much your forgiving this oversight on our part. Our physical office is located in Montgomery, Alabama, and we didn't receive a package or filing form, etc., with respect to the annual report. The requirement only came to our attention recently.

Also enclosed is \$8.75 for The certificate of Status.

Thank you so much for your consideration in this matter.

Sincerely,

AMERICAN COLONIAL INSURANCE COMPANY, INC.

A handwritten signature in cursive script that reads "Ernestine Strickland".

Ernestine Strickland, Compliance Manager

/eds

enclosures - 3