

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90607 038 ***150.00

DOCUMENT # 450487

1. Entity Name
FLORIDA FARM BUREAU CASUALTY INSURANCE COMPANY



Principal Place of Business
**5700 S.W. 34TH. STREET
GAINESVILLE FL 32608**

Mailing Address
**5700 S.W. 34TH. STREET
GAINESVILLE FL 32608**

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 **59-1518356**

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

**INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
RD	LOOP, CARL B JR	5700 SW 34TH STREET	GAINESVILLE FL 32608	☐
VM	JARRATT, ROBERT	5700 S.W. 34 ST	GAINESVILLE FL 32608	☐
VPD	ROTH, RICK	232 NW AVE L STREET	BELLE GLADE FL 33430	☐
SD	HOBLOCK, JOHN	250 W RETTA	DE LEON SPRINGS FL 32130	☐
TD	BRYAN, MYRON	22416 OLD PROVIDENCE ROAD	ALACHUA FL 32615	☐
D	ANDERSON, RONALD	9516 AIRLINE HIGHWAY	BATON ROUGE LA	☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
<i>See Attachment</i>					
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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:

RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 15, 2003 352/374-1504

Date

Daytime Phone #

CR2E034 (10/02)

SUPPLEMENT

(Florida Farm Bureau Casualty Insurance Company)

12. NAMES AND STREET ADDRESSES OF EACH 2003 DIRECTORS AND OFFICERS

NAMES OF OFFICERS & DIRECTORS	TITLE	STREET ADDRESS	CITY/STATE
Loop, Carl B., Jr.	P/D	5700 SW 34th Street	Gainesville, FL 32608
Jarratt, Robert	V/M	5700 SW 34th Street	Gainesville, FL 32608
Roth, Rick	VP/D	232 NW Ave. L Street	Belle Glade FL 33430
Hoblick, John	S/D	250 W. Retta	DeLeon Spgs FL 32130
Waring, Howell	T/D	RR 4, Box 1225	Madison FL 32340
Anderson, Ronald	D	9516 Airline Highway	Baton Rouge, LA
Wrinkles, David	D	724 Knox Abbott Drive	Cayce, SC 29033
Waide, David	D	6311 Ridgewood Road	Jackson, MS 39211
Patman, Donald	D	7420 Fish Pond Road	Waco, TX 76710
Hilman, David	D	10720 Kanis Road	Little Rock, AR 72211-3825

Attachment # 450487