

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90037 042 ***150.00

DOCUMENT # F49851
 1. Entity Name
INSURAMERICA OF FLORIDA, INC.

Principal Place of Business Mailing Address
234 RIVERSIDE AVE **234 RIVERSIDE AVE**
JACKSONVILLE FL 32202-4999 **JACKSONVILLE FL 32202-4908**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6639 Southpoint Parkway **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 108 **Same**
 City & State City & State
Jacksonville, Fl. **Same**
 Zip Country Zip Country
32216 **Duval** **Same** **Same**

4. FEI Number Applied For
59-2130271 Not Applicable

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

6. Name and Address of Current Registered Agent
WALTON, OTIS L
234 RIVERSIDE AVE.
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
 Name **Walton, Otis L**
 Street Address (P.O. Box Number is Not Acceptable)
6639 Southpoint Parkway
Suite 108
 City State Zip Code
Jacksonville **FL** **32216**

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 _____ DATE **4/14/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		
TITLE	DT	<input type="checkbox"/> Delete
NAME	WILLIAMS, WALTER JR	
STREET ADDRESS	234 RIVERSIDE AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ELLISON, DIANE M.	
STREET ADDRESS	234 RIVERSIDE AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALTON, OTIS L. (BOBBY)	
STREET ADDRESS	234 RIVERSIDE AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KAPEN, DOTTE MRS	
STREET ADDRESS	234 RIVERSIDE AVE	
CITY-ST-ZIP	JAX FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William, Walter JR	
STREET ADDRESS	6639 Southpoint Parkway STE 108	
CITY-ST-ZIP	Jacksonville, Fl. 32216	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLISON, DIANE M	
STREET ADDRESS	6639 Southpoint Parkway Ste 108	
CITY-ST-ZIP	Jacksonville, Fl. 32216	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walton, Otis L (Bobby)	
STREET ADDRESS	6639 Southpoint Parkway Ste 108	
CITY-ST-ZIP	Jacksonville, Fl. 32216	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dottellis, Karen	
STREET ADDRESS	6639 Southpoint Parkway Ste 108	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Bobby Walton** DATE: **4/14/00** (904) 332-8588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)