

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003608

FILED

1. Entity Name

FLORIDA HURRICANE CATASTROPHE FUND FINANCE CORPO

00 FEB -1 AM 9:36

Principal Place of Business

Mailing Address

SIXTH FLOOR
1801 HERMITAGE BLVD.
TALLAHASSEE FL 32308

SIXTH FLOOR
1801 HERMITAGE BLVD.
TALLAHASSEE FL 32308-7772

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3427843

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCHOW, II, HORACE ESQ.
GENERAL COUNSEL
1801 HERMITAGE BLVD., SUITE 641
TALLAHASSEE FL 32308**

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **D BUSH, JEB GOV.**
STREET ADDRESS **PL05, THE CAPITOL**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change *
NAME **300003128313-5**
STREET ADDRESS **-02/08/00--01124--014**
CITY-ST-ZIP *******61.25 *****61.25**

TITLE Delete
NAME **D MILLIGAN, ROBERT F COMPT.**
STREET ADDRESS **PL09, THE CAPITOL**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change *
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D NELSON, BILL**
STREET ADDRESS **PL01, THE CAPTIOL**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change *
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D WATKINS, BEN**
STREET ADDRESS **1801 HERMITAGE BLVD, 2ND FLOOR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change *
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D NICHOLSON, JACK DR.**
STREET ADDRESS **1801 HERMITAGE BLVD., FIRST FLOOR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Change *
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change *
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

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

2/1/00

850-413-1340

Date

Daytime Phone #