

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003608

APPROVED
AND
FILED

01 JAN -4 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

1. Entity Name

FLORIDA HURRICANE CATASTROPHE FUND FINANCE CORPO

Principal Place of Business

Mailing Address

SIXTH FLOOR
1801 HERMITAGE BLVD.
TALLAHASSEE FL 32308

SIXTH FLOOR
1801 HERMITAGE BLVD.
TALLAHASSEE FL 32308

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

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 BUSH, JEB GOV.
STREET ADDRESS PLO5, THE CAPITOL
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 300003575799--7

TITLE Delete
NAME MILLIGAN, ROBERT F COMPT.
STREET ADDRESS PLO9, THE CAPITOL
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
-01/26/01-01917-003
*****61.25 *****61.25

TITLE Delete
NAME NELSON, BILL
STREET ADDRESS PLO1, THE CAPTIOL
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE Change Addition
NAME GALLAGHER, TOM
STREET ADDRESS PLO1, THE CAPITOL
CITY-ST-ZIP TALLAHASSEE, FL 32308

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/01

Date

850-413-1340

Daytime Phone #

CR2E037 (10/00)