

2002 UNIFORM BUSINESS REPORT (UBR)

0005689

DOCUMENT # **N96000003608**

1. Entity Name

FLORIDA HURRICANE CATASTROPHE FUND FINANCE CORPORATION

FILED

02 JAN 22 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

SIXTH FLOOR
1801 HERMITAGE BLVD.
TALLAHASSEE FL 32308

SIXTH FLOOR
1801 HERMITAGE BLVD.
TALLAHASSEE FL 32308



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
Linda Lettera, ESQ. - General Counsel

Street Address (P.O. Box Number is Not Acceptable)
1801 Hermitage Blvd., Suite 641

City
Tallahassee FL Zip Code
32312

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

Linda Lettera

1/11/02

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**

Change Addition
500004851135--1
-01/31/02--01076--001
*******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 Addition
NAME **D Gallagher, Tom; Treas.**
STREET ADDRESS **PL01, The Capitol**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE Delete
NAME **D GALLAGHER, TOM**
STREET ADDRESS **PL01, THE CAPITOL**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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

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

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

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

TITLE Change Addition
NAME **L S**
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 REQUIRED

1/22/02

CR2E037 (9/01)