

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

0015078

**DOCUMENT # N97000005221**

1. Entity Name

**FLORIDA WORKERS' COMPENSATION INSURANCE GUARANTY**

04-10-2001 90037 006 \*\*\*\*61.25

**00033495**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1425 EAST PIEDMONT DR SUITE 201B TALLAHASSEE FL 32312 US</b>		Mailing Address <b>P.O. BOX 15159 TALLAHASSEE FL 32317 US</b>	
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 <b>59-3469214</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GRIPPA, ANTHONY M 1425 E PIEDMONT DR SUITE 201B TALLAHASSEE FL 32312</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PC STAHL, TOM 116 SOUTH MONROE STREET TALLAHASSEE FL 32302</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WHITE, FRANK 901-NW 51 STREET BOCA RATON FL 33431-4425</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV BRAUTIGAM, ROBERT J 3350 BUSCHWOOD PARK DR, STE 245 TAMPA FL 33618</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JACOBS, G.W. 2601 CATTLEMEN RD SARASOTA FL 34232-6249</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M GRIPPA, ANTHONY M 1425 E PIEDMONT DRIVE SUITE 201B TALLAHASSEE FL 32312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ROBINSON, SANDRA J 1425 E PIEDMONT DRIVE SUITE 201B TALLAHASSEE FL 32312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**4/3/01 850-386-9200**  
Date Daytime Phone #

CR2E037 (10/00)

ATTACHMENT TO 2000 UNIFORM BUSINESS REPORT (UBR)  
DOCUMENT # N97000005221

Attachment  
Doc. # N97000005221  
D0033495

CONTINUED

10.	OFFICERS AND DIRECTORS	DELETE	CHANGE	ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, DIANE 227 S. ADAMS STREET TALLAHASSEE, FL 32301			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMERSON, JIM 302 S. MASSACHUSETTS AVE, STE. 207 LAKELAND, FL 33801			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, MICHAEL J. 240 CIRCLE DRIVE MAITLAND, FL 32751			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESS, FRANK 19612 SW 69 <sup>TH</sup> PLACE FT. LAUDERDALE, FL 33332	X		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALCZYNSKI, RICHARD 680 ASYLUM STREET HARTFORD, CT 06115			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, EARL 9485 REGENCY SQUARE BLVD, SUITE 415 JACKSONVILLE, FL 32225			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TICKNER, JOHN J. 21255 CALIFA STREET WOODLAND HILLS, CA 91367		X	