#### FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 13, 2002 8:00 am DOCUMENT # N9700005221 Secretary of State FLORIDA WORKERS' COMPENSATION INSURANCE GUARANTY 02-13-2002 90117 038 \*\*\*\*61 ASSOCIATION, INCORPORATED Principal Place of Business Mailing Address :425 EAST PIEDMONT DR P.O. BOX 15159 B0023964 JUSTE 201B TALLAHASSEE FL 32317 ALLAHASSEE FL 32312 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3469214 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GRIPPA, ANTHONY M 1425 E PIEDMONT DR SUITE 201B City Zip Code TALLAHASSEE FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITHE Change Addition NAME NAME STAHL, TOM STREET ADDRESS 116 SOUTH MONROE STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32302 TITLE D ☐ Delete TITLE Change Addition WHITE, FRANK NAME NAME STREET ADDRESS STREET ADDRESS 901 NW 51 STREET CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431-4425 TITLE D۷ Delete TITLE ☐ Change Addition DV

<u>TALLAHASSEE FL 32312</u> 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.

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

BRAUTIGAM, ROBERT J

<u> Tampa FL 33618</u>

2601 CATTLEMEN RD

GRIPPA, ANTHONY M

TALLAHASSEE FL 32312

ROBINSON, SANDRA J

<u>Sarasota Fl. 34232-6249</u>

JACOBS, G.W.

D

3350 BUSCHWOOD PARK DR, STE 245

1425 E PIEDMONT DRIVE SUITE 201B

1425 E PIEDMONT DRIVE SUITE 201B

THONY M. GRIPPA 28/2002

TICKNER, JOHN J.

21255 CALIFA STREET

SARASOTA FL 34240

WOODLAND HILLS, CA 91367

6300 UNIVERSITY PARKWAY

850-386-9200

Change

☐ Change

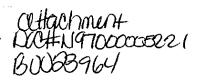
☐ Change

☐ Addition

Addition

Addition

# ATTACHMENT TO 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N97000005221



#### **CONTINUED**

10.	OFFICERS AND DIRECTORS	DELETE	CHANGE	ADDITION
TITLE	D		X	
NAME	CARR, DIANE			
STREET .	123 E. CALHOUN STREET	1		
ADDRESS	TALLAHASSEE, FL 32301			
CITY-ST-ZIP				
TITLE	D	X		
NAME	EMERSON, JIM			
STREET	302 S. MASSACHUSETTS AVE, STE. 207		tus que en	
ADDRESS	LAKELAND, FL 33801			
CITY-ST-ZIP				
TITLE	D	X		
NAME	NELSON, MICHAEL J.			
STREET	240 CIRCLE DRIVE		į	
ADDRESS	MAITLAND, FL 32751			
CITY-ST-ZIP				
TITLE	D			X
NAME STREET	PHILLIPS, CAROL-LISA			
ADDRESS	110 S.E. 6 <sup>TH</sup> STREET, SUITE 1800			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			
TITLE	D	<u> </u>		
NAME				
STREET	PALCZYNSKI, RICHARD			
ADDRESS	680 ASYLUM STREET	u v <b>∓</b> .πΞ		
CITY-ST-ZIP	HARTFORD, CT 06115		•	
TITLE	D			
NAME	THOMAS, EARL			
STREET	9485 REGENCY SQUARE BLVD, SUITE			
ADDRESS	415			
CITY-ST-ZIP	JACKSONVILLE, FL 32225			
TITLE	DV	X		
NAME	TICKNER, JOHN J.	^		
STREET	21255 CALIFA STREET			
ADDRESS		ı		
CITY-ST-ZIP	WOODLAND HILLS, CA 91367			

## ATTACHMENT TO 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N97000005221



### **CONTINUED**

10.	OFFICERS AND DIRECTORS	DELETE	CHANGE	ADDITION
TITLE	D			X
NAME	MANDT, A. J.			
STREET	201 KELSEY STREET			
ADDRESS	TAMPA, FL 33619		,	
CITY-ST-ZIP	7,712 00010			
TITLE	D			Х
NAME	BRAUTIGAM, ROBERT J.			
STREET .	-3901 PREMIER NORTH DRIVE			
ADDRESS	TAMPA, FL 33624			
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,			
TITLE	D			Х
NAME	DRAKE, TOM			
STREET	4099 METRIC DRIVE			
ADDRESS	WINTER PARK, FL 32792		·	
CITY-ST-ZIP				
TITLE				
NAME				
STREET				
ADDRESS				
CITY-ST-ZIP				
TITLE				· <del></del>
NAME				
STREET				
ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET				
ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME	•			
STREET				
ADDRESS				
CITY-ST-ZIP				