

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006898

1. Entity Name

HIGH MARK INSURANCE AND FINANCIAL SERVICES OF SA

Principal Place of Business

500 S. FLORIDA AVE., SUITE 240
LAKELAND FL 33801

Mailing Address

500 S. FLORIDA AVE., SUITE 240
LAKELAND FL 33801

2. Principal Place of Business

500 S. Florida Ave, 4th Floor
Lakeland, Florida 33801

3. Mailing Address

500 S. Florida Ave, 4th Floor
Lakeland, Florida 33801

Zip

Country

Zip

Country

4. FEI Number 59-3489614

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

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LUCCE, ROBERT
STREET ADDRESS 500 S FLORIDA AVE STE 240
CITY-ST-ZIP LAKELAND FL 33801 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CEO
NAME HART, JOHN B
STREET ADDRESS 500 S FLORIDA AVE STE 240
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

TITLE
NAME 500 S. Florida Ave, 4th Floor
STREET ADDRESS Lakeland, Florida 33801 ☒ Change ☐ Addition

TITLE EVPS
NAME WELLS, MARK R
STREET ADDRESS 500 S FLORIDA AVE STE 240
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

TITLE
NAME 500 S. Florida Ave, 4th Floor
STREET ADDRESS Lakeland, Florida 33801 ☒ Change ☐ Addition

TITLE TAS
NAME FITTERMAN, BARAY M
STREET ADDRESS 500 S FLORIDA AVE STE 240
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

TITLE
NAME 500 S. Florida Ave, 4th Floor
STREET ADDRESS Lakeland, Florida 33801 ☒ Change ☐ Addition

TITLE VP
NAME PENNACHIO, JOHN
STREET ADDRESS 500 S FLORIDA AVE STE 240
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

TITLE
NAME 500 S. Florida Ave, 4th Floor
STREET ADDRESS Lakeland, Florida 33801 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)