

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90002 023 ***150.00

DOCUMENT # P99000021135

1. Entity Name
UNITED PROPERTY & CASUALTY INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 333 THIRD AVE. N. 333 THIRD AVE. N.
 ST. PETERSBURG FL 33733 ST. PETERSBURG FL 33701-3899

2. Principal Place of Business 3. Mailing Address
100 SECOND AVENUE NORTH **100 SECOND AVE, N.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 220 **SUITE 220**
 City & State City & State
ST. PETERSBURG, FL **ST PETERSBURG, FL**
 Zip Country Zip Country
33701 **USA** **33701** **USA**

4. FEI Number Applied For
59-3560143 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

**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	
TITLE	D <input type="checkbox"/> Delete
NAME	BRANCH, GREG C
STREET ADDRESS	1501 S.W. 42ND ST.
CITY-ST-ZIP	OCALA FL 34470
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DAVIS, DAVID K M.D.
STREET ADDRESS	1680 FAIRWAY AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL 33712
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	EICKOFF, WILLIAM A
STREET ADDRESS	415 15TH AVENUE N.E.
CITY-ST-ZIP	ST. PETERSBURG FL 33704
TITLE	D <input type="checkbox"/> Delete
NAME	BERSET, MARK S
STREET ADDRESS	1226 SERPENTINE DR. S.
CITY-ST-ZIP	ST. PETERSBURG FL 33705
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SOX, RICHARD N JR
STREET ADDRESS	3237 BALDWIN DRIVE W.
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	DIRECTOR <input type="checkbox"/> Delete ADD
NAME	PAT DELACEY
STREET ADDRESS	208 S. LASALLE ST, 10 FLOOR
CITY-ST-ZIP	LAGRANGE, IL 60525

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	OFFICER, PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILLY P. STUART
STREET ADDRESS	100 2ND AVE N, #220
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	OFFICER, MARK SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLAS GRIFFIN
STREET ADDRESS	100 SECOND AVE, N #220
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FASIL FAZLIN
STREET ADDRESS	100 SECOND AVE, N #220
CITY-ST-ZIP	ST. PETERSBURG FL 33701
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MR WILLIAM HODD
STREET ADDRESS	100 SECOND AVE N, SUITE 220
CITY-ST-ZIP	ST PETE, FL 33701
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IAN IRWIN
STREET ADDRESS	100 SECOND AVE N, #220
CITY-ST-ZIP	ST PETE, FL 33701
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEC POITVANT
STREET ADDRESS	100 SECOND AVE N, #220
CITY-ST-ZIP	ST PETE, FL 33701

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: NICHOLAS GRIFFIN Date: 4/30/00 Daytime Phone #: (727) 895-7737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)