

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**  
 05-02-2001 90048 016 \*\*\*150.00

036298

**DOCUMENT # P99000021135**  
 1. Entity Name  
**UNITED PROPERTY & CASUALTY INSURANCE COMPANY**

Principal Place of Business 100 2ND AVE N. STE 220 SAINT PETERSBURG FL 33701	Mailing Address 100 2ND AVE N. STE 220 SAINT PETERSBURG FL 33701
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>59-3560143</b>	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <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 \_\_\_\_\_ 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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRANCH, GREG C</b> <b>1501 S.W. 42ND ST.</b> <b>OCALA FL 34470</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIS, DAVID K M.D.</b> <b>1680 FAIRWAY AVENUE SOUTH</b> <b>ST. PETERSBURG FL 33712</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>EICKOFF, WILLIAM A</b> <b>415 15TH AVENUE N.E.</b> <b>ST. PETERSBURG FL 33704</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERSET, MARK S</b> <b>1226 SERPENTINE DR. S.</b> <b>ST. PETERSBURG FL 33705</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOX, RICHARD N JR</b> <b>3237 BALDWIN DRIVE W.</b> <b>TALLAHASSEE FL 32308</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*See attached sheet*

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: Billy A. Stuart **BILLY A. STUART** 1/5/01 727 895-7237  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)

*Attachment*  
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021135 / 835384

UNITED PROPERTY & CASUALTY INSURANCE COMPANY

BLOCK 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STRET ADDRESS CITY-ST-ZIP	C/D Branch, Greg 335 Northeast Watula Avenue Ocala FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STRET ADDRESS CITY-ST-ZIP	V Russell, Melvin A. 1067 Whispering Point Casselberry FL 32707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STRET ADDRESS CITY-ST-ZIP	D Fazlin, Fazal 12000 28th Street North St. Petersburg FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STRET ADDRESS CITY-ST-ZIP	S/T Griffin, Nicholas W. 100 Second Ave N, Suite 220 St. Petersburg FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STRET ADDRESS CITY-ST-ZIP	D Hood, William H. 16120 US Highway 19 North Clearwater FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STRET ADDRESS CITY-ST-ZIP	D Irwin, Ian 222 Second Street North St. Petersburg FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STRET ADDRESS CITY-ST-ZIP	D Poitevint II, Alec L. 1100 Dothan Road Bainbridge GA 31717	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STRET ADDRESS CITY-ST-ZIP	P Stuart, Billy P. 100 Second Avenue North St. Petersburg FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STRET ADDRESS CITY-ST-ZIP	D McKean, Graham Latham House, 16 Minories London England EC3N 1AX	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STRET ADDRESS CITY-ST-ZIP	D Whittemore, Kent 1 Beach Drive SE, Suite 205 St. Petersburg FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STRET ADDRESS CITY-ST-ZIP	D Delacey, Patrick 550 W. Washington, Ste 1650 Chicago IL 60661	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition