

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90244 038 ***150.00

MARFOR 41

DOCUMENT # S11143

1. Entity Name
AUTO CLUB SOUTH INSURANCE COMPANY



Principal Place of Business
**1515 NORTH WESTSHORE BLVD.
TAMPA FL 33607**

Mailing Address
**1515 NORTH WESTSHORE BLVD.
TAMPA FL 33607**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3031102**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHN A. TOMLIN
1515 NORTH WESTSHORE BLVD
TAMPA FL 33607**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHARP, ROBERT R 18710 PEPPER PIKE LANE LUTZ FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT O'BRIEN, THOMAS E 315 INNER HARBOUR CIRCLE TAMPA FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POTTS, CINDY 709 MARCO DRIVE, NE ST. PETERSBURG FL 33702-2749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOMLIN, JOHN A 18008 CLEAR LAKE DR. LUTZ FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATRICK, LARRY 508 RUNNING HORSE RD SEFFNER FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. 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
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
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 checked="" type="checkbox"/> Addition

TV
Robert A. McKee
2916 Cypress Ridge
Palm Harbor, FL 34684

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 607, 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: *Cindy M. Potts* **REQUIRED** *by M. Potts* **1/9/03 813-289-1459**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)