

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90383 011 ***150.00

DOCUMENT # P00000075422

1. Entity Name
FLORIDA LAWYERS INSURANCE AGENCY, INC.

Principal Place of Business
3504 LAKE LYNDA DRIVE
SUITE 325A
ORLANDO FL 32817

Mailing Address
2301 PARK AVE STE 404
ORANGE PARK FL 32073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3504 Lake Lynda Drive
Suite, Apt. #, etc.
Suite 325A

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL 32817

4. FEI Number

59-3679331

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THOMPSON, WILLIAM L JR
2301 PARK AVE STE 404
ORANGE PARK FL 32073

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	STAGG, LAWRENCE	
STREET ADDRESS	3504 LAKE LYNDA DRIVE, SUITE 325A	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	SONDAK, ROBERT M	
STREET ADDRESS	3504 LAKE LYNDA DRIVE, SUITE 325A	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRERO, RAY F. JR.	
STREET ADDRESS	3504 LAKE LYNDA DRIVE, SUITE 325A	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LOUCKS, WILLIAM E	
STREET ADDRESS	3504 LAKE LYNDA DRIVE, SUITE 325A	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAMS, GARY	
STREET ADDRESS	3504 LAKE LYNDA DRIVE, SUITE 325A	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DISQUE, PHILIP A	
STREET ADDRESS	3504 LAKE LYNDA DRIVE, SUITE 325A	
CITY-ST-ZIP	ORLANDO FL 32817	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stagg, C. Lawrence	
STREET ADDRESS	P.O. Box 3273	
CITY-ST-ZIP	Tampa, FL 33601-3273	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sondak, Robert M.	
STREET ADDRESS	9400 S. Dadeland Blvd., Ste 600	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ferrero, Ray F., Jr.	
STREET ADDRESS	P.O. Box 350648	
CITY-ST-ZIP	Ft. Lauderdale, FL 33335	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loucks, William E.	
STREET ADDRESS	P.O. Box 15200	
CITY-ST-ZIP	Daytona Beach, FL 32115	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, C. Gary	
STREET ADDRESS	P.O. Box 391	
CITY-ST-ZIP	Tallahssee, FL 32302	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Disque, Philip A.	
STREET ADDRESS	707 S.E. 3rd Avenue, Ste 400	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	

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 #

CR2E034 (9/01)

Attachment # P00000075422
539239

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Florida Lawyers Insurance Agency, Inc.
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12. ADDITIONAL OFFICERS AND DIRECTORS

Title	EVP
Name	JONES, MARY F.
Address	2041 SEPLER DRIVE FERN PARK, FL 32730-3110

Title	D
Name	LARRY, DENNIS K.
Address	125 W. ROMANA ONE PENSACOLA PLAZA, STE 800 PENSACOLA, FL 32501

DELETE

Title	V
Name	SMITH, AUBREY
Address	855 LADYFISH DR #D306 NEW SMYRNA BEACH, FL 32169