

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90163 027 \*\*\*558.75

**DOCUMENT # K31071**

1. Entity Name  
**SECURITY NATIONAL INSURANCE COMPANY**

Principal Place of Business

**5701 STIRLING ROAD  
 DAVIE FL 33314-7431**

Mailing Address

**5701 STIRLING ROAD  
 DAVIE FL 33314-7431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0109120**

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

**INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32301**

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

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **TD** ☐ Delete  
 NAME **SUTTON, RANDY**  
 STREET ADDRESS **5701 STIRLING ROAD**  
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **SIMON NOONAN**  
 STREET ADDRESS **5701 STIRLING ROAD**  
 CITY-ST-ZIP **DAVIE, FL 33314**

TITLE **VD** ☒ Delete  
 NAME **MCPADDEN, MATTHEW S**  
 STREET ADDRESS **5701 STIRLING ROAD**  
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **GEORGE DE HEER**  
 STREET ADDRESS **5701 STIRLING ROAD**  
 CITY-ST-ZIP **DAVIE, FL 33314**

TITLE **SD** ☐ Delete  
 NAME **HAMMOND, GREGORY**  
 STREET ADDRESS **5701 STIRLING RD**  
 CITY-ST-ZIP **DAVIE FL 33314**

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

TITLE **PD** ☐ Delete  
 NAME **SIMON, DONALD**  
 STREET ADDRESS **5701 STIRLING ROAD**  
 CITY-ST-ZIP **DAVIE FL 33314**

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

TITLE **VD** ☐ Delete  
 NAME **BURTCH, DOUGLAS**  
 STREET ADDRESS **5701 STIRLING RD**  
 CITY-ST-ZIP **DAVIE FL 33314**

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

TITLE **VD** ☐ Delete  
 NAME **HAYNE, RICHARD**  
 STREET ADDRESS **5701 STIRLING RD**  
 CITY-ST-ZIP **DAVIE FL 33314**

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

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.

**GREGORY HAMMOND**

**754-316-5200**

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*August 30, 2002*

CR2E034 (4/02)

*Attachment*

*# K31071*

*124774*

**Please delete the following officers:**

Katherine Nolan  
5701 Stirling Road  
Davie, FL 33314

James Personius  
5701 Stirling Road  
Davie, FL 33314