

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90494 045 \*\*\*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

**3504 LAKE LYNDA DRIVE  
SUITE 325A  
ORLANDO FL 32817**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3679331**

Applied For

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

**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. 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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **STAGG, LAWRENCE**  
CITY-ST-ZIP **P.O. BOX 32373  
TAMPA FL 33601-3273**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SONDAK, ROBERT M**  
CITY-ST-ZIP **9400 S. DADELAND BLVD., STE 600  
MIAMI FL 33156**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **FERRERO, RAY F JR.**  
CITY-ST-ZIP **P.O. BOX 350648  
FT. LAUDERDALE FL 33335**

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

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **LOUCKS, WILLIAM E**  
CITY-ST-ZIP **P.O. BOX 15200  
DAYTONA BEACH FL 32115**

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

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **WILLIAMS, GARY**  
CITY-ST-ZIP **P.O. BOX 391  
TALLAHASSEE FL 32302**

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

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **DISQUE, PHILIP A**  
CITY-ST-ZIP **707 S.E. 3RD AVENUE, STE 400  
FORT LAUDERDALE FL 33316**

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

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:

*William E Loucks* President

2/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

10030606

2002 UNIFORM BUSINESS REPORT (UBR)

Florida Lawyers Insurance Agency, Inc.

Document # P00000075422

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